		FOR
1	-	STATE
•		REGISTRAR

	1 - STATE REGISTRAR	SIAIE UF I	CE		ICATE				MENIAL	M TUILN REG. NO				
15	1. DECEDENT'S NAME (First, Middle, L	IMINDEDO				2. DATE OF	DEATN	AY .	YEAR	3. TIME OF DEA	ATN			
- 1	MICHAEL	JOHN			EINBE	RG			MAY 3	1, 1	994		1:20	
17	4. SOCIAL SECURITY NUMBER 212-64-2371	5. SEX 1 X M 2 F	6. AGE (In yrs. last 40	birthday) YRS.	IF UNDER MONTHS	1 YEAR DAYS	IF UNDER	24 HRS.	7. DATE OF (Month, L AUGUST	BIRTH Nay, Year)	1953	6. BIRTN Countr WAST	IPLACE (State or I	Foreign D.C
	9e. FACILITY NAME (If not institution, g	ive street and number)			9b. CITY	TOWN 0	R LOCATIO	ON OF DE				NTY OF D		
DIRECTOR	9302 EWING DRIVE BETHESDA MONTGOM								MERY					
EG	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY				Y, TOWN C	R LOCAT	ION	_					10d. INSIDE CIT	, —
E G	MARYLAND MONTGOMERY				BE	THE	SDA						1 YES 2	
	10e. STREET AND NUMBER					101.	ZIP CODE				10g. CIT	IZEN OF W	VHAT COUNTRY?	,
EB	9302 EWING	DRIVE					2	20817	7		UN	ITED	STATES	
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced		T EVER IN U.S. ARM YES 2 XNO WAR OR DATES			f yes, spe		n, Mexica	IIC ORIGIN? (n, Puerto Ric		or No—		- American Inc c, White, etc.	Hen,
0	15. DECEDENT'S (Specify only highest g		16a. DEC	EDENT'S	USUAL OG	CCUPATIO	N eded		16b, K	ND OF BUS	SINESS/IN	DUSTRY		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5	ife.	Do NOT u	se retired.)		st or workin	g						- 1
MP	CT FATHERIO MARIE (First Middle)	4	HORT	TCU	LTURI	.ST				ELF E		YED		
	17. FATHER'S NAME (First, Middle, Last, EDGAR WEIN	BERG					18. MOTH	CLA	ME (First, Mid	dle, Maiden				
BE	19e. INFORMANT'S NAME (Type/Print)	DERO	196.	MAILING	ADDRESS	(Street a	nd Number		Route Number,			n Codel		
임	CLAIRE WEINBE	ERG											MD. 20	0815
	20a, METNOD OF DISPOSITION 1 M Burlel 2 Commation 3 1 1 4 Donation 5 Qther (Specify)	Removal from State	20b. PLACE A					ARDEI	N 6/1			City or To	wn, State	INIA
	21, SIGNATURE OF PUBERAL SERVICE	LUGHOSEE			DA	NZA		-GOLI	DBERG				PELS, II	
	23. PART I. Enter the diseases,	or complications the	t coused the dec	th. Do									Approxim	nate
	ahock, or heart fellure. List only ona cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) a. Gunshot wound to head													
ATION	DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF):													
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST													
	PART II. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS													
PHYSICIAN: MEDICAL										PERFOR			AWAILABLE PRIOR COMPLETION OF OF DEATH?	OT P
ME													1 TYES 2X	NO
ä							_							
2	25. WAS CASE REFERRED TO MEDICA EXAMINER?	HOSPITAL:			OTHER	3:			eck only one)					
14S	1 XYES 2 NO 27. MANNER OF DEATH	1 Inpetient 2 2	ER/Outpatient 3	DOA 28b. TIW	· v	28c. INJ		sidence	8 Other (S					
	1 Natural 5 Pending	(Month, D	ay, Year)	IN.	20AM	WO		(NO		INFL				
D BY	2 Accident Investigati	28e, PLACE O	F INJURY — At hon						28f. LOCATI	ON (Street e	and Numbe	r or Rural R	loute Number,	
191	4 Homicide determine		etc. (Specify)	AT H	OME				9302 ~1	EWING	DR.	-CHEV	VY CHAS	E,MD
COMPLETED		HYSICIAN: To the best of) end manner ee	stated.
	29b. SIGNATURE AND TITLE OF CERT	IFISR 0					29c. LICE	NSE NUN	ABER		29d. DA	TE SIGNED	(Month, Day, Year)
O BE	Victor A	isch ?	12. U.				D	0196	8			5-31-		
2	30. NAME AND ADDRESS OF PERSON VICTOR H. ESCI					RIVE				ARYLA	ND 2	0854	<u> </u>	
VICTOR H. ESCH, M.D 10717 STANMORE DRIVE - POTOMAC, MARYLAND 20854 31. DATE FILED (MONTH, Day, You) 32. REGISTRAR'S SIGNATURE Fulla Davidson—Pandales.														

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with pours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit, be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

-	تلته	30
BALTIMORE, MARYLAND 21215-0020	Jours after death. Page 6 may be retained by the hospital or attending physician.	fitigd in by the funeral director, page 5 should be detached for use as the burial-transit ion, or removal.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with: Jours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fiftid in by the funeral director, page 5 should be detached for use as the burial-transit to filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notitied at once,

FOR STATE REGISTRAR	STATE OF MARY		RTMENT OF		MENTA	L HYGIEN			
1. DECEDENT'S NAME (First, Middle, Li	est)				2. DATE	OF DEATH	MY		3. TIME OF DEATH
DAVID PAUL WEST			750			28 1		YEAR	0649 A
4. SOCIAL SECURITY NUMBER		E (In yrs. last birthday)	IF UNDER 1 YEAR			OF BIRTH h, Day, Year)		8. BIRTH Counti	IPLACE (State or Foreign
524-70-9825	44	.2 YRS.		100 29	JULS	71, 1	951		LORADO
98. FACILITY NAME (If not institution, give street and number) NATIONAL NAVAL MEDICAL CENTER BETHESDA MONTGOMERY RESIDENCE OF DECEDENT									
10a. STATE 10b. COU		ATION					10d. INSIDE CITY LIMITS? 1 VES 2 NO		
10e. STREET AND NUMBER		101. ZIP CODE			10g. CITIZ	EN OF V	WHAT COUNTRY?		
782 WILDCAT TRA	IL			20688			UNIT	ED S	STATES
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 X YE IF YES, GIVE WITH OR 1972 to 19	S 2 NO	If yes,	ECENDENT OF HISP/ epecify Cuben, Maxk ES 2 NO Spec	can, Puarto	t? (Specify Ye Rican, etc.)	es or No—	14. RACI Blaci Spec	
15. DECEDENT'S (Specify only highest g	EDUCATION	16a. DECEDENT'S	S USUAL OCCUPA work done during		166	KIND OF BU	JSINESS/IND		
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT u	ise retired.)	nost or working			-		
12		AVIATIO	N MAINT			DEFENS			
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N					
CLARENCE ELMER	WEST		0.4000000	BETTY					
I STANDARD TO STANDARD TO STANDARD				t and Number or Rura 5 SOLOMON				Code)	
SUSAN WEST	I.	0b. PLACE AND DATE			DAT		OCATION — C	New ex T-	wan State
1X Burial 2 Cremation 3 F 4 Donation 6 Other (Specify)		emetery, crematory or c EVERGREE	other plece)		6/3				RINGS . CO
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	EATURE		AND ADDRESS OF F	9/	1 00.	POTATO) DE	TILINGS, CO.
23. PART I. Enter the diseases,	or complications that cause	MOOO91 and the death. Do		CHAMBER					D. 20737
23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) LUNG CANCER DUE TO (OR AS A CONSEQUENCE OF):									Interval Betwee
Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):									
cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):									
PART II. Other algorithment condi	tions contributing to death	but not resulting	In the underly	ing cause given i	n Part I.	24a. WAS AI	N AUTOPSY	24b	. WERE AUTOPSY FINDIN AMILABLE PRIOR TO
						1 TYES	2 🖔 NO		COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
EXAMINER?	_ OTHER:								
1 YES 2 TNO 27. MANNER OF DEATH	1 N Inpatient 2 ER/O			ome 5 Residence			IN HIRW 000	1 men	
1 Natural 5 Pending	(Month, Day, Year	28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED						UNEU	
3 Suicide 6 Could not	coldent Investigation Investig							Route Number,	
	HYSICIAN: To the best of my known to the basis of examined								a) and manner
29b. SIGNATURE AND TITLE OF GERT		Stodals	MD	29c. LICENSE NI	UMBER	_			(Month, Day, Year)
30. NAME AND ADDRESS OF PERSON		DEATH (ITEM 27) (Type	e, Print)		056	.55 -			
SLADEK, G MC, U	SN NATIONA	L NAVAL M	MEDICAL	CENTER	BETHE	SDA,	MD 208	389-	5600
31. DATE FILED (Month, Day, Year) MAY 3 1 1994	32. BEGISTBAR'S SIG	A Ganda		1 1					
MAY 3 1 1994	June pullaso	مراد المراد							

DIVISION OF VITAL RECORDS, P.O. BOX 68760 BALTIMORE, MARYLAND 21215-0020	0000	-
hours after death. PaySICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hospital or attending physician.	g physician.	
FRAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transform. Pages 1.2 should	e burial-transit permet. Pages 14. 2, 3 should	
n 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.		
To be marked as them 22 shows any failure as appear bearinged assemble by marking as any as a marked as any)	

	1. DECEDENT'S NAME (First, Middle, I	Last) Ye	dung			Philip	REG. NO.	994	YEAR 3	3327
10	4. SOCIAL SECURITY NUMBER 521-12-9480	5. SEX 6. AGE	(In yrs. last firthday	MONTHS DAY		(Mohit	OF BIRTH		Country)	LACE (State or I
	9a. FACILITY NAME (# not institution,	21	87 YRS.	9h CITY TOW	N OR LOCATION OF D		18, 19	U6 DC. COUNT	Kans	
R	Bowie Health Ce			Bowie	N ON LOCATION OF L	CAIN	1			George'
DIRECTOR	RESIDENCE OF DECEDEN	T						TITI		
IRE		ince George's		donahum						IOd. INSIDE CIT
	10e. STREET AND NUMBER	ince deolge s	рта	densbur	10f. ZIP CODE		1,	IOa. CITIZE		X YES 2 [
BY FUNERAL	5426 Taylor Str	reet		4.0	20710			U.S.		AI OOOKINIT
S.	11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 1 YES	IN U.S. ARMED	13. WAS	DECENDENT OF HISPA	NIC ORIGIN	1? (Specify Yes or		4. RACE -	- American Ind
×	1 Never Merried 2 Narried 3 Widowed 4 Divorced	IF YES, GIVE WAR OR I	DATES		Specify Cuben, Mexic (ES 2 NO Speci		Rican, atc.)		Specify:	White, etc. Whit
	15. DECEDENT'S	R EDUCATION	I see DECEDENT	S USUAL OCCUP	ATION	Lan	. KIND OF BUSIN			WIITC
COMPLETED	(Specify only highest Elementary/Secondary (0-12)	grade completed) College (1-4 or 5+)	(Give kind o	work done during	most of working	160	. KIND OF BUSIN	ESS/INDU	STHY	
PL	Elementary/secondary (0-12)	2	Photog	rapher		lυ	nited S	State	s Go	vernme
Š	17. FATHER'S NAME (First, Middle, Las	11)			18. MOTHER'S N		Middle, Maiden Sur			
	John Young				Grace	Belle	Dixon			
TO BE	19e. INFORMANT'S NAME (Type/Print)				et and Number or Rural					
-	Christina Gibso		2-K		h Road, G	reenb	elt, Ma			
	21. SIGNATURE OF FUNERAL SERVICE	CE LIGENSEE	OIL LIN	22, NAMI	netery 05/ EAND ADDRESS OF F	ACILITY				
	23. PATT I. Enter the diseases shock, or heart fall MEDIATE CAUSE (Final disease or condition	or complications that cause lure. List only one cause on o	ed the death. Do	Fran 4739	AND ADDRESS OF F. Cis Gasch Baltimor mode of dying, su	S So	ns Fune ., Hyat	eral tsvi	Home	, P.A.
ERTIFICATION	23. PANT i. Enter the diseases, shock, or heart fell	or complications that cause fure. List only one cause on of the course o	ed the death. Do	22. NAMI Fran 4739 not enter the	and address of F cis Gasch Baltimor	S So	ns Fune ., Hyat	eral tsvi	Home	MD 20
MEDICAL CE	23. PART I. Enter the diseases, shock, or heart fall MEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (OR AS d.	A CONSEQUENCE	22. NAMI Fran 4739 not enter the PCOF):	AND ADDRESS OF FICIS Gasch Baltimor mode of dying, sur	ACILITY S SO e Ave ch ss care	ns Fune ., Hyat	eral ttsvi tory smed	Home	MD 20
: MEDICAL CE	23. PATT I. Enter the diseases, shock, or heart fall MEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conductions.	DUE TO (OR AS d. DUE TO (OR AS d. DUE TO (OR AS	A CONSEQUENCE	22, NAMI Fran 4739 not enter the PCOF):	AND ADDRESS OF FICIS Gasch Baltimor mode of dying, sur	ACILITY S SO e Ave ch as care	ens Fune ., Hyat liac or respirat Of Mas an Au PERFORME 1 YES 2	eral ttsvi tory smed	Home	Approximintarval E Onset an VERE AUTOPSY WALLABLE PRIOR OFF DEATH?
SICIAN: MEDICAL CE	23. PART II. Enter the diseases, shock, or heart fall MEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions of the conditions of the conditions of the cause of the ca	DUE TO (OR AS DUE TO (OR AS d	A CONSEQUENCE A CONSEQUENCE but not resulting	22. NAMI Fran 4739 not enter the PCOF): OF): OF): OTHER:	AND ADDRESS OF FC is Gasch Baltimor mode of dying, sur	ACILITY S SO e Ave ch ss care A Part I.	24a. WAS AN AU PERFORME 1 YES 2	eral ttsvi tory smed	Home	Approximintarval E Onset an VERE AUTOPSY WALLABLE PRIOR OFF DEATH?
MEDICAL CE	23. PATT I. Enter the diseases, shock, or heart fall disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant conditions of the cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST 25. WAS CASE REFERRED TO MEDICE EXAMINERY 1 Tes 2 NO 27. MANNES OF DEATH 1 Netural 5 Pending Investigations of the cause of the c	DUE TO (OR AS	A CONSEQUENCE A CONSEQUENCE A CONSEQUENCE but not resulting	22. NAMI Fran 4739 not enter the Property of the underly of the un	AND ADDRESS OF FICES Gasch Baltimor mode of dying, sur The state of t	Part I.	24s. WAS AN AU PERFORME 1 YES 2 P	eral ttsvi tory smed	24b. W	P.A. MD 20 Approximintaryal I Onset an onset a
Y PHYSICIAN: MEDICAL CE	23. PART II. Enter the diseases, shock, or heart fall MEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions and the cause of th	DUE TO (OR AS DUE TO (OR AS) DUE TO (OR AS DUE TO (OR AS) DUE TO (OR AS DUE TO (OR AS)	A CONSEQUENCE A CONSEQUENCE A CONSEQUENCE but not resulting tpetlent 3 DOA 28b. Till	22. NAMI Fran 4739 not enter the Property of the underly of the un	AND ADDRESS OF FICES Gasch Baltimor mode of dying, sur The state of t	Part I.	24a. WAS AN AU PERFORME 1 YES 2	eral ttsvi tory smed	24b. W	P.A. MD 20 Approximintaryal I Onset an onset a

DEATH (ITEM 27) (Type, Print)
- MD, 5009

DHMH-16 Rev 1/89

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

-	HEGISTHAR		CE	HILL	JAIL	<u>Ur</u>	DEA	<u> </u>	RE	G. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF DE	EATH			3. TIME OF OEATH
,	Edmund	i					монти 5 —	1.5		YEAR	3:45 AM		
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last birthday) IF UNDE			FAR	IF UNDER	24 HBS				-	PLACE (State or Foreign
	202 14 2422	1 🕅 M 2 🗆 F	7 2			AYS	HOURS	MIN.	(Month, Day,	Year)	_	Countr	γ)
	282-14-3420	THS.					_2 -	15 -	-22	Ohi	0		
	9e. FACILITY NAME (If not institution, give street and number)					O MWC	R LOCATION	ON OF DE	ATH		9c. COUR	NTY OF D	EATH
5	North Arundel	Hospita	1 7		Glen Burnie Anne Arund					Arundel			
5	RESIDENCE OF DECEDENT												
DIRECTOR	10e. STATE 10b. COUNTY	,		10c. CITY,	TOWN OR L	LOCATI	ON						10d. INSIDE CITY
5	MD Anne	Arunde	1	Fo	rnda	10						1	LIMITS?
	10e. STREET AND NUMBER			16	Liiua	V	ZIP CODI				10- CITI	ZENI OE W	VHAT COUNTRY?
A I	/10 0										-		
FUNERAL	413 Orchard Rd						2106					5 . A .	
5	11. MARITAL STATUS 1 Never Merried 2 Merried		T EVER IN U.S. ARMI		13. WAS	DECE	ENDENT C	F HISPAN	IC ORIGIN? (Spe	ecify Yes	or No-	14. RACE	— Americen Indien, c, White, etc.
ВУ	3 Widowed 4 Divorced	IF YES, GIVE W						Specify.		etc.)		Speci	
	3 Widowed 4 Divorced	WWII					-						White
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade		16a, DECE	DENT'S U	SUAL OCCU	JPATIO	N.,		16b. KIND	OF BUSI	NESS/IND	USTRY	
1 I	Elementary/Secondary (0-12)	College (1-4 or 5	life /	NOT use	rk done durii retired.)	ng mos	t of workin	P.G					
4			'	SS	0per	ati	or		A 1	umi:	กแพ	Fou	ndry
N N	17, FATHER'S NAME (First, Middle, Last)				- P			AFRIC MAI	ME (First, Middle,				,
		7 -	lkowski							_		1 0	
BE	Joseph	20						ngel			bras		
2	19e, INFORMANT'S NAME (Type/Print)								oute Number, Cit				
- 1	Regina Zolkow	ski	41	13 0	rcha	rd	Rd	. Fe	rndal	e, 1	MD 2	2106	1
	20a, METHOD OF DISPOSITION 1 N Burlel 2 Cremetion 3 Reme		20b. PLACE AN	D DATE OF	DISPOSITIO	ON (Nar	ne of		DATE	20c. LOC	ATION —	City or To	wn, State
	1 (A Buriel 2 Cremetion 3 Reme 4 Donation 5 Other (Specify)	oval from State	cemetery, creme						5-21	Dan	m a	Ohi	0
	21. SIGNATURE OF FUREBAL SERVICE LIC	ENSEL	Holy	CFO				SS OF FAC		Ial	ma,	OHI	.0
	(1)	0			12.11	ML AIV	O ADDINE	33 OF FAC	ALT T	49	5 R i	itch	ie Hwy.
	1 (1.6	Jus.			Bar	ra	nco	FH	Sever				
	23. PART Entar tha diaeeses, or o	omplications tha	t caused the deat	h. Do no	t anter the	e mod	le of dyl	ng such	an cardiac o	v recoir	atom arr	ent.	Approximata
	snock, or haart failura.	List only one cou	ise on each line.						,		atory arr	cut,	intervei Batwean
1	iMMEDIATE CAUSE (Final disease or condition	0		.04)	0				Onset and Death
	resulting in daeth)	. Sev	ralia	MO	veen	0	-	عمرر	aro				
1		, DUE TO	(OR AS A CONSEOU	ENCE OF):	I A	,				~ 1			
z		. Cule	clist	hen	nol	1 d	lan	_	Via	IT			
2	Sequantially list conditions, if any, laading to immediate	OT BUG	(OR AS A CONSEOU	ENCE OF):	10		\\		100				
8	cause. Entar UNDERLYING	. TEX	d sto	100		Cl	X	de	200	0			
CERTIFICATION	CAUSE (Disease or injury that initiated events	DUE TO	(OR AS A CONSEOU	ENGE OF):									
E	resulting in death) LAST						_						
빙							-						
	PART ii. Other significent condition	s contributing to	deeth but not res	sulting in	the sinder	riying	ceuse g	lven in I	Part I. 24s.	WAS AN A		24b.	WERE AUTOPSY FINDINGS
EDICAL	Olthows 51 lo	NOT.	hoost	10	100	a A	2			PERFORM			AVAILABLE PRIOR TO COMPLETION DE CAUSE
	0 1 3 3 3 0 0	2900	1000		400				_ 1 🗆	YES 2	THO		DF DEATH?
Σ													1 TES 2 LNO
ä	DID TOBACCO USE O	CONTRIBUTE	TO CAUSE	OF	DEATH	Y	ES 🗌	NO	N N				
× I	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					28. PL/	ACE OF D	EATH (Che	ck only one)				
Sic	1 YES 2 W	HOSPITAL:	ER/Outpatient 3		OTHER:	Home	5 🗆 Be	aldenen	B ☐ Other (Spec	oif ()			
PHYSICIAN:	27. MANNER OF DEATH	28e. DATE OF		28b. TIME		E HUJU		T	28d. DESCRIBE	- //	IIIBY OCC	CUBEO	
	1 Natural 5 Pending	(Month, D	ay, Year)	INJUE		MON	HCP	6	IOU, DESCRIBE	L HOW III	JOH! OCC	JORED	
à I	2 Accident Investigation				-14	-	7 1/	19/					
0	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE O building,	F INJURY — At home etc. (Specify)	e, ferm, str	est. Inglory.	onyn	11	//	28t. LOCATION City or Town		d Number	or Rural A	Route Number,
E II	4 Homicide determined				6		(- 1					
COMPLETED	290. CERTIFIER (Check only	CIAN: To the best of	my knowledge, desti	h occurred	at the time	data	and place	and due	to the course(s)	and mans	or on elet	ad	
Ž	one) 2 MEDICAL EXAMINE												\d
8			/			1011, 40	attr occur	ou at the t	mine, date end p	Hece, end	doe to th	e canse(a) end menner se mmed.
w II	296. SKIND THE AND TITLE OF CERTIFIER	. (LAGIA		,		29c. LICE	NSE NUM	0ER		29d. DATE	E SIGNED	(Month, Day, Year)
8	Mylund		1/11/09	Y	nb	1 (()	24	591		▶ €	15-	16-94
유	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUS	SE OF DEATH (ITEM	(7) (7)00, P	rint)			4				^	
	BAxinlan SI	1abazz	= 168	1 0	PA:	_	11		Cto	CLA	1	(1)	- Bum
-	31. DATE BILEO (Month, Day, Year)	. (R'S SIGNATURE	0	1911	^	1Jul	4	DIE	TU	-	0-16	nowwe !
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	MAY 26 19	J4 July	divident	AND	•								

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Industrie death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filted in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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BALTIMORE, MARYLAND 21215-00	d within 24 hours after death. Page 6 may be retained by the hospital or attending pl
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within
DIVIS	OR ATT

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 28 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. It is now after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE OF MARYLAND / DEPAI CERTIF	RTMENT OF HEALTH		
	1. DECEDENT'S NAME (First, Middle, Last)	TOTAL OF BEAT	2. DATE OF DEATH	3. TIME OF DEATH
1	Adelaide Zenone		5-21-19	YEAR
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday)	IF UNDER 1 YEAR IF UNDER :		8. BIRTHPLACE (State or Foreign
1	319-10-3223 1□M2₽F 87 YRS.	MONTHS DAYS HOURS	MIN. 6-7-1906	New York
1	9e. FACILITY NAME (If not institution, give street and number)	9b. CITY, TOWN OR LOCATIO		9c. COUNTY OF DEATH
E	Chesaoeake Manor Nursing Home			Anne Arundel
DIRECTOR	RESIDENCE OF DECEDENT		014	Anne Aldidel
뿐	10a, STATE 10b, COUNTY 10c. CI	TY, TOWN OR LOCATION		10d. INSIDE CITY LIMITS?
	Maryland Anne Arundel		Arnold	1 ☐ YES 2 ☑ NO
FUNERAL	10a, STREET AND NUMBER	10f. ZIP CODE	112	10g. CITIZEN OF WHAT COUNTRY?
핗	College Parkway		1012	U.S.A.
3	11. MARITAL STATUS 1 Never Married 2 Married FORCES? 1 YES 2 XNO	13. WAS DECENDENT OF	HISPANIC ORIGIN? (Specify Yes of Mexican, Puerto Rican, etc.)	or No— 14. RACE — American Indian, Black, White, etc.
BY	3 Widowed 4 Divorced IF YES, GIVE WAR OR DATES	1 🗆 YES 2 🔀 NO		Specify:
	15. DECEDENT'S EDUCATION 16a DECEDENT'S	S USUAL OCCUPATION	16b. KIND OF BUSI	Caucasian
COMPLETED	(Specify only highest grade completed) (Give kind of	work done during most of working	1 TOB. KIND OF BOSI	INESS/INDUSTRY
7		1		
O	17. FATHER'S NAME (First, Middle, Last)	omemaker	ER'S NAME (First, Middle, Malden S	Home
	John Bertoli		eresa	A
BE	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING		or Rural Route Number, City or Town,	, Stete, Zip Code) 21403
유	Mrs. Elaine DiNicolo	10 G Hearth	stone Court	Annapolis, MD
	20a. METHOD OF DISPOSITION 20b. PLACE AND DATE	OF DISPOSITION (Name of		ATION — City or Town, State
	4 Donation 5 Other (Specify)		oriall Park 5	5-24-94 Dorsey, M
	21. SIGNAFAME OF FUNERAL SERVICE LICENSEE	22. NAME AND ADDRES	S OF FACILITY	22214
	Longs of thousance	✓ Barranc 495 Rit	o & Sons Fun chie Hwy Sev	neral Home 21149 Verna Park, MD
П	23 PART I. Enter the diseases, pr complications that caused the death. Do			
	shock, or heart failure. Lat only one cause on each line.			interval Between Onset and Death
1	disease or condition			10 days
Ų	DUE TO (QR AS A CONSEQUENCE O	DF):		10 days
z	H3heimers	Disease		1 years
음	Sequentially list conditions, if any, leading to immediate	PF:		
\5	cause, Enter UNDERLYING CAUSE (Disease or injury			
틸	that initiated events DUE TO (OR AS A CONSEQUENCE Of resulting in death) LAST	PF):		
CERTIFICATION	d			
AL O	PART II. Other significant conditions contributing to deeth but not resulting	in the underlying couse gi	ven in Part I. 24s. WAS AN A	WTOPSY 24b. WERE AUTOPSY FINDINGS
EDICA			PERFORM 1 YES 2	COMPLETION OF CAUSE
MED				OF DEATH?
				1
M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	26, PLACE OF DE	ATH (Check only one)	
SIC	1 YES 2 NO 1 NO	OTHER: 4 \(\text{Nursing Home} \) 5 \(\text{Res} \)	idence 6 Other (Specify)	
PHYSICIAN:	27. MANNER OF DEATH 286. DATE OF INJURY (Month, Day, Year) IN		28d. DEŞCRIBE HOW IN.	JURY OCCURED
ВУ	1 Natural 5 Pending 2 Accident investigation	M 1 YES 2	NO	
	3 Suicide 8 Could not be 28e. PLACE OF INJURY — At home, farm, building, etc. (Specify)	street, factory, office	28f. LOCATION (Street an City or Town, State)	nd Number or Rural Route Number,
COMPLETED	4 Homicide determined			
P	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurr	red at the time, date end place,	and due to the cause(e) and menn	ner ee stated,
OM	2 MEDICAL EXAMINER: On the beale of examination and/or investigation	on, in my opinion, death occure	d at the time, date and place, end	due to the cause(e) and manner ea stated.
w I	286. SIGNATURE AND TITLE OF SERTIFIER	29c. LICE	ISE NUMBER	254. DATE SIGNED (Month), Day, Year)
00	1 4 name	ID	737064	► 5/23/9¥
유	30 HAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type	Print)	17	(/ /)
	24 Ferrisale from Fol truel	d' WI) SI	1/2 James	memberles MD)
	Alia Davelor Reveals			
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	BALTIMORE, MARYLAND 21215-0020	rurs after death. Page 6 may be retained by the hospital or attending physicia	in by the funeral director, page 5 should be detached for use as the burial-tr removal.
	DIVISION OF VITAL RECORDS, P.O. BOX 68760	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within an hours after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunda-transit permit. hours after death with the State Dept. of Health and Mental Hygiene prior to bunda, cremation, or removal.

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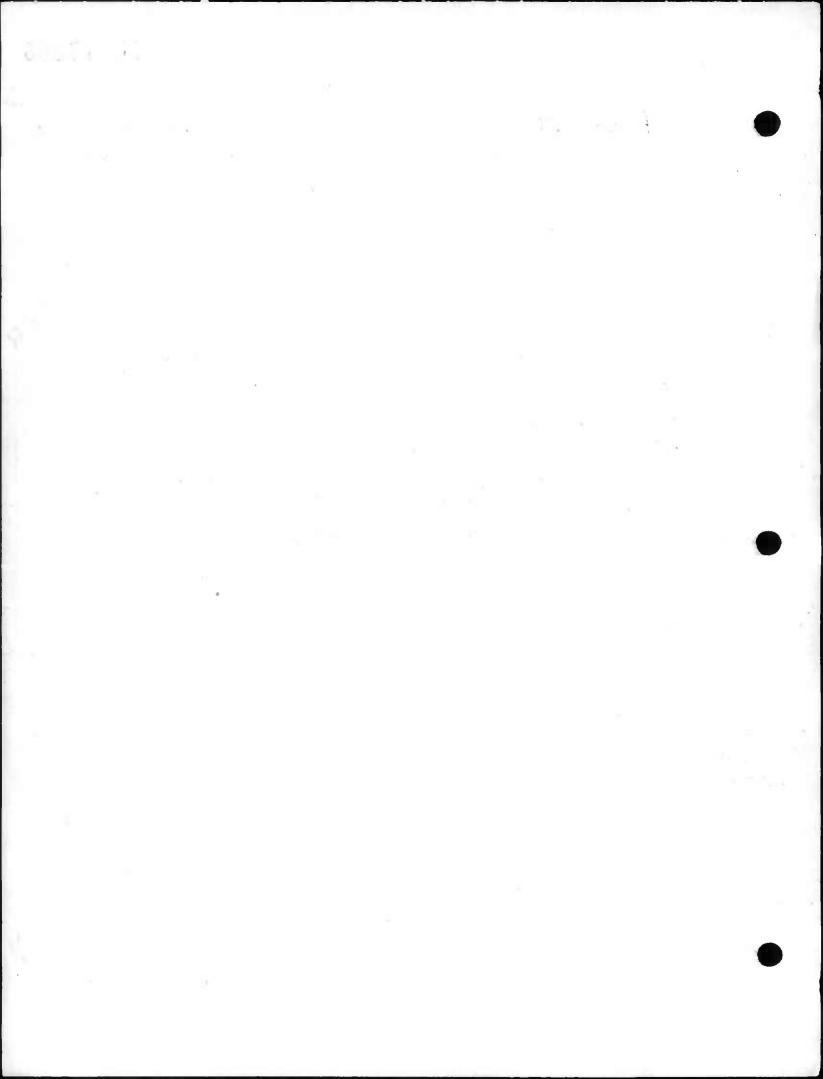
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IMPORTANT: II

certificate by the State

REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF OEATH 050 Ziger 6:00 A M 5 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. B. BIRTHPLACE (State or Foreign (Month, Day, Year) AUG. 27, DAYS 223-16-2848 1 🗌 M 2 🔯 F HOURS YORK 97 YRS. 1896 NEW 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR HOLY CROSS HOSPITAL SILVER SPRING MONTGOMERY RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND MONTGOMERY KENSINGTON 1 TYES 2 NO FUNERAL 10a STREET AND NUMBER 10f, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 9714 HILL STREET 20895 UNITED STATES 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. Never Married 2 Merried If yes, specify Cuban, Maxican, Puarto Rican, etc.) 1 YES 2 NO 3 Widowed 4 Divorced Specify: BY Specify: WHITE COMPLETED 15. DECEDENT'S EDUCATION 16e, DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working 16b. KIND OF BUSINESS/INDUSTRY (Specify only higher (Give kind of work done life. Do NOT use retired.) College (1-4 or 5+) Elementary/Secondary (0-12) 12 HOMEMAKER OWN HOME 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First Middle Malden Surname) SIMON GOLDBERG BE MINNIE WORTHMAN 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 HERBERT ZIGER 9714 HILL STREET, KENSINGTON, MD (SON) 20895 20a. METHOD OF DISPOSITION
1X Burlel 2 Commetton 3 Removal Irom State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE MT. LEBANON CEMETERY 5/27 ADELPHI, MARYLAND 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY DANZANSKY-GOLDBERG MEMORIAL CHAPELS, INC. all 1170 ROCKVILLE PIKE, ROCKVILLE, MD 20852 23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or heart filliura. List only one cause on each line. Intarvai Between IMMEDIATE CAUSE (Final Onset and Death disease or condition DUE TO 19 AS A CONSEQUENCE OF) 3 days reaulting in death) attenselensis CERTIFICATION Sequantially list conditiona, DUE TO (OR AS A CONSEQUENCE OF) if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED? 1 TYES 2 4-NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER: 1 YES 2 LNO nt 2 - ER/Outpetient 3 - DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 26b. TIME OF 26a. DATE OF INJURY 26c. INJURY AT WORK? 26d, DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending М 1 YES 2 ND BY 2 Accident Investigation 3 Suicide 26e. PLACE OF INJURY --- At home, lerm, street, lectory, office building, stc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED 4 🗌 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the time, data and place, and due to the cause(a) end manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurs at the time, data and place, and due to the cause(a) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIED 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 14 5 Kisen DDOYUD 94 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) MARK S. ROSEN, M.D. 3941 FERRARA DRIVE, WHEATON, MARYLAND 20906-4709 37. REGISTRAR'S SIGNATURE 1994

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	OR ATTENDING DEVOCATION. The faw requires that the death certificate he executed with

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE OF STAT		MENT OF HEALTH AND CATE OF DEATH	MENTAL HYGIENE REG. NO.	
-0	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF OEATH	3. TIME OF DEATH
	Robert Lee	AM	ELANG	MONTH DAY	94 8:35 PM
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	BIRTHPLACE (State or Foreign Country)
1 /	212-34-2290 1½ M 2 🗆	F 71 YRS.	9-13-1922	Maryland	
_	9e. FACILITY NAME (If not institution, give street and number)		9b. CITY, TOWN OR LOCATION OF D	EATH 9c. CO	OUNTY OF DEATH
P.	l-66 Street, Vintage	Condo. 403	Ocean City	Wo	rcester
	RESIDENCE OF DECEDENT 10e, STATE 10b, COUNTY	10c, CIT)	TOWN OR LOCATION		10d, INSIDE CITY
DIRECTOR	Maryland Worcester	0	cean City		LIMITS?
	10e. STREET AND NUMBER		101. ZIP COOE	10g. CI	ITIZEN OF WHAT COUNTRY?
FUNERAL	1-66 Street, Vintage	Condo. 403	21842		U.S.A.
5		DENT EVER IN U.S. ARMED	NIC ORIGIN? (Specify Yes or No	14. RACE — American Indian,	
ВУ Е	1 Never Merried 2 Merried FORCES? IF YES, GIV	1 X YES 2 □NO E WAR OR DATES WW 1 1	If yee, specify Cuben, Mexic 1 YES 2 X NO Speci		Specify: White
TED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	(Give kind of w	USUAL OCCUPATION ork done during most of working	16b. KIND OF BUSINESS/II	NDUSTRY
1 2	Elementery/Secondary (0-12) College (1-4 o	15.41	ts Manager	Westinghou	se Corp.
COMPLET	17. FATHER'S NAME (First, Middle, Last)			AME (First, Middle, Maiden Surname)	who
m O	William Henry Ar	nelang	Ella		
m	19e. INFORMANT'S NAME (Type/Print)	19b. MAILING	ADDRESS (Street and Number or Rural	Route Number, City or Town, State, 2	Zip Code)
임	Mrs Dorothy M. Amelang	Same	As #10		
	20e. METHOD OF DISPOSITION 1 □ Burlel 2 및 Cremetion 3 □ Removal from State		F DISPOSITION (Name of	DATE 20c. LOCATION	- City or Town, State
	4 Donation 5 Other (Specify)	cemetery, crematory or of Hilltop S	ervice Corp. 6-	10-94 Towson	, Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		22. NAME AND ADDRESS OF FA		T
	· Wallace S. B.	mh Di		Funeral Home, ad, Towson, Md	
	23. PART i. Entar tha diseasea, or complications	that caused the death. Do n	ot anter tha mode of dying, suc	ch as cardiac or respiratory a	arrest, Approximata
	ahock, or heert failure. List only one	cause on each line.			interval Between Onset end Death
		-gitiane/	GII Carring	of 3/ada	
	DUE	TO (OR AS A CONSEQUENCE OF	Cell Carcino	0, 0,7003	
Z	Sequentially list conditions,				
ATE	If any, leading to immediate cause. Enter UNDERLYING	TO (OR AS A CONSEDUENCE OF):	•	
일	CAUSE (Disease or injury C.	TO (OR AS A CONSEQUENCE OF	1:		
CERTIFICATION	reaulting in deeth) LAST		,		
	DAGE II ON A LANGE				
AL	PART ii. Other eignificant conditions contributing	to deeth but not recuiting i	n the underlying ceuee given in	Part I. 24s. WAS AN AUTOPS' PERFORMED?	Y 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDIC				1 TES 2 NO	OF DEATH?
Σ	DID TODA CCO LIST CONTRIB	UTT TO CAUGE OF	DEATH MED IN A		1 TES 2 NO
PHYSICIAN:	DID TOBACCO USE CONTRIB 25. WAS CASE REFERRED TO MEDICAL	UIE IO CAUSE OF		o 🔲	
I I	EXAMINER? HOSPITAL		26. PLACE OF DEATH (CI		
¥		2 ER/Outpatient 3 DOA OF INJURY 28b, TIME	4 Nursing Home 5 Residence	8 Other (Specify) 28d. DESCRIBE HOW INJURY O	COULDED
	1 Natural 5 Pending (Mon	h, Day, Year) INJ		200. DESCRIBE HOW INJURY O	CCOMED
B	2 Accident Investigation 3 Suicide 6 Could not be 26e, PLAC	E OF INJURY — At home, ferm, a		26f. LOCATION (Street and Numb	per or Rumi Route Number
윤	4 Homicide determined build	ng, etc. (Specify)		City or Town, State)	
ובו	29e. CERTIFIER (Check only)	t of my knowledge, death occurre	d at the time date and place, and du	to the cause(s) and menner as a	ented.
COMPLET	(Check only one) 2 MEDICAL EXAMINER: On the besie				
	29b. SHOMATURE AND TITLE OF CERTIFIER		29c, LICENSE NU		ATE SIGNED (Month, Day, Year)
BE	In N/	a.o.	2306		6/7/00
임	30. NAME AND ADDRESS OF PERSON WHO COMPLETED		Print)		7/17
	Janes E. Mertin M.S	., 145 E.	Gro11 57	, 50/:560ng	NO.
	31. DATE FILED (Month, Day, Year) 32. REGIS	TRAR'S SIGNATURE		/	· · · · · · · · · · · · · · · · · · ·
	JUN 0 9 1994 Julie Ser	ien-Rudale		N. C.	

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1 - FOR STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH James Llewellyn Boyer June 06 1994 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS HOURS 1 M 2 - F YRS. 48 212-48-7069 Nov. 21 1945 Virginia Page 6 may be retained by the hospital or attending physician. all director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should 9s. FACILITY NAME (If not institution, give street and number) 9b. CITY. TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 1 Meldon Lane Towson Baltimore RESIDENCE OF DECEDENT 10s. STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore Towson 1 YES 2XX NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? l Meldon Lane 21204 IISA 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Ysa or No—If yes, specify Cuben, Maxican, Puerto Ricen, etc.)

1 YES 2 NO Specify: 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, Whits, stc. 1 Never Married 2 N Married FORCES? 1 YES 2XXNO IF YES, GIVE WAR OR DATES BΥ Specify: 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done during most of working life. Do NOT use retired.) (Specify only highest grade complete Elementary/Secondary (0-12) College (1-4 or 5 +) President B.F.P.E. Fire Protection 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) ĕ John Spencer Boyer Audrey Vaux Hi11 8 notified 19s. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Pamela A. Boyer 1 Meldon Lane, Towson, MD 21204 pe 20a. METHOD OF DISPOSITION
1 X Burist 2 ☐ Cremetion 3 ☐ 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, Stats must funeral director, 4 Donation 5 Other (Specify) Dulaney Valley Mem. Grdns. 6/9 Timonium, MD 22. NAME AND ADDRESS OF FACILITY Lemmon-Lemmmon-Mitchell-Wiedefeld, Inc. examiner 21. SIGNATURE OF TUNERAL SERVICE L HUTS after death. Bryan V. in by the fi Clary 10 W. Padonia Rd., Timonium, MD 21093 medical filled in by 23. PART I. Enter the diapases, or complications that daused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, or heart failure. List only one cause ahock, Interval Between 0 IMMEDIATE CAUSE (Final Onset and Death completely filler the disease or condition Cardio pulmonary Arrest DUE TO (OR AS A CONSEQUENCE OF): resulting in death) event. Metastases from skin melanome executed burial Brain traumatic CERTIFICATION and Sequentially list conditiona, DUE TO (OR AS A CONSEQUENCE OF): attending physician a ntal Hygiene prior to If any, leading to immediate cause. Enter UNDERLYING certificate be CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST 0 signed by the atter Health and Mental PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE MEDICAL any 1 □ YES 2 □ NO OF DEATH? Shows 1 YES 2 NO peen Jo. ICIAN: DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO | Dept. 23 DIRECTOR: After this certificate has 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) Item State HOSPITAL OTHER: 1 YES 2 NO ATTENDING PHYSICIAN: PHYS Inpatient 2 - ER/Outpatient 3 - DOA 4 - Nursing Homa 5 Residence 8 - Other (Specify) 0 the 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c, INJURY AT 28d. DESCRIBE HOW INJURY OCCURED With marked. 1 Natural М 1 YES 2 NO 87 death 2 Accident 28s. PLACE OF INJURY — At home, ferm, street, fectory, office building, stc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 60 ETED S Could not be after 4 Homicide 28 determined hours item 29s. CERTIFIER (Check only 1 📈 CERTIFYING PHYSICIAN: To this best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 8 COMPL TO THE FUNERAL D be filed within 72 ht IMPORTANT: It it HOSPITAL 2 MEDICAL EXAMINER: On this basis of examination end/or investigation, in my opinion, death occurred at the time, data and piece, and due to the cause(s) and manner as stated. 29c LICENSE NUMBER **BE** 29d. DATE SIGNED (Month) 五五百 Clas, MD 94 6 6 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) E. George Elias, M.D., 22 S. Greene St., Baltimore, MD 21201 32 MEDISTRAPIS SIGNATURED FULL OF WHICH SIGNATURED

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	TATE OF MARYLA	ND / DEPART	MENT OF H	EALTH AND I	MENTAL HYG		
	DECEDENT'S NAME (First, Middle, Lust) Nina Maynard Br					2. DATE OF DEAT		3. TIME OF DEATH 10:00 A M
	4. SOCIAL SECURITY NUMBER 5. S 578-62-1781 9a. FACILITY NAME (If not institution, give atreet as	M 2 XF 94	YRS.	ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DAYE OF BIRTY (Month), Day, 16 03/23	700 W	BIRTHPLACE (State or Foreign Country) ashington, DC
TOR	Broadmead RESIDENCE OF DECEDENT	na number)			ysville			ltimore
DIRECTOR	10a. STATE 10b. COUNTY Maryland Baltin	more		ckeysv				10d. INSIDE CITY LIMITS? 1 YES 2 XNO
FUNERAL	13801 York Road			101	21030			ited States
B	1 Never Married 2 XMarried	WAS DECEDENT EVER IN FORCES? 1 YES F YES, GIVE WAR OR DA	2 K NO	If yes, sp	ENDENT OF HISPAN polity Cuben, Mexicar 2 XNO Specify	n, Puerto Rican, etc	ly Yes or No— 14	RACE — American Indian, Black, White, etc. Specify: White
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade compil Elementary/Secondary (0-12) Coll	N loted) Ilege (1-4 or 5 +)	16a. DECEDENT'S US (Give kind of wor life. Do NOT use Housew	rk done during mo retired.)	DN st of working	111	naking O	
COM	17. FATHER'S NAME (First, Middle, Last)	3			18. MOTHER'S NAM	ME (First, Middle, M.	eiden Surname)	WIT HOME
8E	John Clifton Mayr	nard	19b. MAILING A	DDRESS (Street a	Nina N		Curtis	²⁰⁰⁾ 21210
2	John M. Brumbaugh							imore, MD
	20a. METHOD OF DISPOSITION 1 General 2 Tournation 3 General 1 4 General 5 General 1	rom State ceme	PLACE AND DATE OF stery, crematory or other cremators.	r place)	me of		c. LOCATION — CIT Catonsvi	
47.0	21. SIGNATURE OF FUNERAL SERVICE LICENSES Muttan D. Laws	E	erro Grem	Lemmo	n-Mitche	житу 11-Wiede	efeld, I	
MEDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A	CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF):	mary of the underlying	avvi	Part I. 24a. W	S AN AUTOPSY RFORMEO? ES 2 NO	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1
HYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				ACE OF OEATH (Che	ck only one)		
BY PHYSIC	1 VES 2 NO 1 1 27. MANNER OF DEATH 1 Natural 5 Pending 1 Accident Investigation	SPITAL: Inpatient 2 ER/Outpa 26a. DATE OF INJURY (Month, Day, Year)	28b. TIME (OF 28c. INJ	RK? 'ES 2 NO		OW INJURY OCCUP	RED
ETED	3 Suicide 6 Could not be detarmined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)							Rural Route Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYINO PHYSICIAN: 2 MEDICAL EXAMINER: On							ause(s) and manner as stated.
	The second section of the second							
29c. LICENSE NUMBER 29d. DATE SIGNE Dad 7a 6 Signe And Address of Person who completed cause of Death (ITEM 27) (Type, Print)								
	F SANZARO	MPLETED CAUSE OF DEA	TH (ITEM 27) (Type, P		29c. LICENSE NUM DOC MEH	126 10	29d. DATE S	IGNEQ (Month, Day, Yegn)

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR A TO THE FUNERAL DIRECT DE filed within 72 hours IMPORTANT: # item	TO THE HOSPITAL OR A TO THE FUNERAL DIREC be filed within 72 hours IMPORTANT: If Item	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The Law requires that the death certificate be executed within 2x hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page. be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If tiem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
-		THE HOSPITAL OR	THE FUNERAL DIF	MPORTANT: # iter

	Item19a,Film712	,7/9/94,1	t								Ç	14	1	701	0
	FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAND /		TMENT CATE					HYGIEN REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF	DEATH			3. TH	ME OF DEA	тн
	WALTER I	rancis		B	OLIN				Об	08	W (94 FAR	Ф5:	53 AN	1 м
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	t birthday)	IF UNDER		IF UNDER		7. DATE OF (Month, D			B. BIRTI	HPLACE	E (State or F	oreign
	215-03-0336	1 XM 2 - F	80	YRS.	MONTHS	DAYS	HOURS	MIN.	May		1914			ginia	
	9a. FACILITY NAME (If not institution, give					,	R LOCATI		EATH		1	NTY OF E	DEATH		
DIRECTOR	NORTH ARUNDEL HO	SPITAL AS	SSOCIATIO	ON	GI	LEN I	BURN.	IE				A.A.	C01	UNTY	
EC.	10a. STATE 10b. COUN	TY		10c. CIT	Y, TOWN C	OR LOCAT	ION			_				INSIDE CIT	γ
	Maryl.and				Seve	ern								YES 2	NO
FUNERAL	10e. STREET AND NUMBER					101	ZIP COD	E			10g. CIT	IZEN OF	WHAT C	OUNTRY?	
EH	776 Queenstown Re	oad					211	44				USA			
5	11. MARITAL STATUS	12. WAS DECEDED	T EVER IN U.S. AR	MED	13.	WAS DEC	ENDENT C	F HISPAN	NIC ORIGIN? (Specify Yes	or No-	14. RAC	E — An	nerican Ind	len,
Β¥	1 Never Married 2 X Merried 3 Widowed 4 Divorced	IF YES, GIVE	MAR OR DATES				2 NO			in, and.)		Spec	city:	-,	
	15. DECEDENT'S ED	10ct 142	200	'45	liaus a									Black	2
I	(Specify only highest gra-	de completed)	(Gi	ve kind of	Work done (during mo	on st of workli	ng	16b. KI	ND OF BUS	SINESS/INI	DUSTRY			
PLE	Elementary/Secondary (0-12) 10th Grade	College (1-4 or 5	+)		auffe	ar.				U. S	Cor	TO MY	mon	±.	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			CII	aurre	3 L	18. MOT	HER'S NA	ME (First, Mide			vern	пеп	L .	-
BE C	William Bolin								ie Hil		,				
	19a, INFORMANT'S NAME (Type/Print)		191	MAILING	ADDRESS	(Street a			Route Number,		n, State, Zh	p Code)			\neg
5	Maggie Magi Bolin			776	Queer	nsto	wn R	oad	Seve	rn,	Mary:	land	2	1144	
	20s. METHOD OF DISPOSITION \$\(\) Buriel 2 \(\) Cremation 3 \(\) Re	movel from State	20b. PLACE A cemetery, crea				me of			20c. LO				ate	
	4 Donation 5 Other (Specify)	1	MD Vet	erar	Cem/	Cro	wnsv	ille	6/13	Cro	wnsv:	i 1.1.e	e, MD		
	21. SIGNATURE OF FUNERAL SERVICE I	CENSED A	7 .		22.	NAME AN	ID ADDRE	SS OF FA	CILITY NU	tter	Fune	eral.	Hor	mes,	Inc
	· /ound	foll	wo		1 23	י בטכ	GWVN	ns r	alls F ryland	arkw	av				
	23. PART I. Enter the digeases, or	complications the	it ceused the de	ath. Do	not enter	the mo	de of dy	ing, suc	h ss cerdied	or respi	ratory ar	reet,		Approxim	
	shock, or beet fellure. List only one cause on each line. iMMEDIATE CAUSE (Final												interval E Onaet an		
	disease or condition resulting in death) a. Prizum (OR AS A CONSCOUENCE OF):											ļ			
	Sequentially list conditione, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events														
O	Sequentially list conditions,	b UR	INIAA	LIENSE O	T	no	21		1 11	ne	170	11/			
FICATION	if any, leeding to immediate ceuse. Enter UNDERLYING	0 1+0	A A A A A A A A A	OENCE O	·).	7 -	. ^ -		12 A	I		-	i		
띮	CAUSE (Disesse or injury that initieted events	C. DUE TO	OR AS A CONSEC	UENCE O	4	11				160	11	1	+		
ERI	resulting in desth) LAST	d											ļ		Í
0	PART ii. Other significent condition	ne contribution to	death but not in	- autiliaa	in the re	مراب المراب		-l l-	Park I a					uu vente	
MEDICAL	Train in other agrinout condition	- Contributing to	Geeth but not n	esuiting	iii trie Uti	ideriying) ceuee i	given in	Part I. 24	PERFOR		240	AVAIL	AUTOPSY F ABLE PRIOR LETION DF	011
									— l¹	YES 2	□ NO		OF DE		CAUSE
									-				1 🗆 '	YES 2	NO
A	25. WAS CASE REFERRED TO MEDICAL	T				26 PI	ACE OF D	EATH /Ch	eck only one)	-					
PHYSICIAN:	EXAMINER?	HOSPITAL:	ER/Outpetlent 3	□ DO4	OTHER	₹:			6 Other (S	man(fl.)					
Η̈́	27. MANNER OF DEATH	INJURY	28b. TIM	E OF	28c. INJ	URY AT	INCHICE	28d. DESCR		NJURY OC	CURED				
ВУ Р	1 Natural 5 Pending	(Month, L	Day, Year)	IN.	JURY M		RK? /ES 2 [] NO							
	2' Accident investigation 3 Suicide 6 Could not b	street, fact	ory, office			28t. LOCATIO		and Numbe	r or Rural	Route N	lumber,	_			
ш	4 Homicide determined		, atc. (Specify)						Only of	fown, State)					
COMPLET	29a. CERTIFIER (Check only	ed at the ti	lme, date	and place	, and due	to the cause(e) end mer	ner se ata	ited.						
OM		IER: On the basis of a											a) and r	manner as	stated.
ш	296. SIGNATURE AND TITLE OF CERTIF	EA () /)					29c. LIC	ENSE NUR	MBER		29d. DAT	E SIGNE) (Monti	h, Day, Year)	
0 0	Ala	1					0.	27	83		1	1	10	2/10	,, I
×	30. NAME AND AUDRESS OF PERSON W	HO COMPLETED CAL	SE OF DEATH (ITE	4 27) /Time	Deint1		-1		~ ./	Δ		4/	_		7

THE PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

HAVERS, M.D./518 S. CAMP MEADE RD/LINTHICUM, MARYLAND 21090

32 REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Pay, Year)

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BALTIMORE, MARYLAND 21215-0020
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a nouns after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR 1 -

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH DAY	year 3. TIME OF DEATH						
	GEORGE AUGUSTINE 4. SOCIAL SECURITY NUMBER 5. SEX 6.	BROWN AGE (In yrs. last birthday)	UNDER 1 YEAR IF UNDER 24 HRS.		94						
	215-40-0076 ¹\\ \$\text{\$\ext{\$\text{\$\exititt{\$\text{\$\exititt{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\	July 24, 1893	8. BIRTHPLACE (State or Foreign Country) Maryl.and								
_	9e. FACILITY NAME (If not institution, give street end number)	9b.	CITY, TOWN OR LOCATION OF DE	ATH 9c. COU	JNTY OF DEATH						
DIRECTOR	3602 Chesholm Road		Baltimo	re							
Ä	10e. STATE 10b. COUNTY	10c. CITY, TO	WN OR LOCATION		10d. INSIDE CITY LIMITS?						
	Maryland	Bal	timore		1X YES 2 □ NO						
₹.	10e. STREET AND NUMBER		10f. ZIP CODE	10g. CIT	TIZEN OF WHAT COUNTRY?						
FUNERAL	3602 Chesholm Road		21216		USA						
BY FU	11. MARITAL STATUS 1 Never Merried 2 Merried 5 Vidowed 4 Divorced	YES 2 X NO	13. WAS DECENDENT OF HISPAN If yee, specify Cuben, Maxican 1 YES 2 NO Specify	n, Puerto Rican, etc.)	14. RACE — American Indien, Black, White, etc. Specify:						
ED E	t 15. DECEDENT'S EDUCATION	I see DECEDENTIO HOU	AL 000/10/2001		Black Black						
ETE	(Specify only highest grade completed)	(Give kind of work life. Do NOT use ret	done during most of working fred.)	16b. KIND OF BUSINESS/IN	DUSTRY						
COMPLET	Elementary/Secondary (0-12) College (1-4 or 5+) High School	Postal E	mplovee	U.S. Postal	Service						
O	17. FATHER'S NAME (First, Middle, Last)			ME (First, Middle, Melden Surname)	. DCIVICE						
BE C	George Alexander Browl	Brown	Mary	Margaret Mo	guette						
TO B	19e. INFORMANT'S NAME (Type/Print)		PRESS (Street and Number or Rural R								
۲	Juliette Carpenter	3602 0	Chesholm Road	d Baltimore	e, MD 21216						
	20e. METHOO OF OISPOSITION 1X Buriel 2 Cremetion 3 Removal from State	20b. PLACE AND DATE OF DE cemetery, crematory or other p		OATE 20c. LOCATION -	and the same of th						
	4 Donation 5 Other (Specify)		al Cemeterv	6/8 Baltimo	ore, Maryland						
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	4	2501 Gwynns F	Nutter Fune	eral Homes, Inc						
	1.3 Tuestrat	When	Baltimore, Ma	ryland 21216							
	23. PART I. Enter the diseases, or complications that co shock, or heart fellure. List only one cause	uead the deeth. Do not e	enter tha mode of dying, auch	ee cerdiac or reepiratory ar	rreet, Approximate Interval Between						
ì	IMMEDIATE CAUSE (Final				Onset and Death						
	resulting in death) a. IRANSITIONAL (ell BIADDER CANCER DUE TO (OR AS A CONSEQUENCE OF):										
NO N	Sequentielly list conditions, Due to (or as a consequence of):										
¥	If any, leeding to immediate cause. Enter UNDERLYING										
ĬĘ!	CAUSE (Disease or Injury that initiated evente OUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	resulting in death) LAST										
1 0	PART ii. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY FINDINGS										
MEDICAL	CORD			PERFORMED? 1 ☐ YES 2 😿 NO	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?						
ME					1 TES 2 NO						
	DID TOBACCO USE CONTRIBUTE 1	O CAUSE OF D	EATH YES NO		*						
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:										
YSI	1 YES 2 NO 1 Inpatient 2 EF	/Outpatient 3 DOA 4 D	Nursing Home 5 Alesidence	8 Other (Specify)							
	27. MANNER OF DEATH 28e. DATE OF INJ (Month, Day,)	URY 28b. TIME OF INJURY	WORK?	28d. DEŞCRIBE HOW INJURY OC	CCURED						
BY	2 Accident Investigation	HIPV ALLANDA	M 1 YES 2 NO								
	3 Suicide 6 Could not be determined 28e. PLACE OF IN building, etc.	JURY — At home, tarm, street (Specify)	i, tectory, offica	28t. LOCATION (Street and Number City or Town, State)	er or Rural Route Number,						
COMPLETED	A. ACTIVITY										
MP	299. CERTIFIER (Check only one) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner as stated. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner as stated. DEFITION OF THE PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) and manner as stated.										
	29b. SIGNATURE AND TITLE OF CERTIFIER	meanganon, in									
BE	allowed Day	2 120	29c. LICENSE NUM	BER 29d. DAT	TE SIGNED (Month, Day, Year)						
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF	F OEATH (ITEM 27) (Type Prin	0	70	016HY						
	Alice Aldrichpac WUMO		hungton Blud	BALLED MIN	102/						
	31. OATE-FILED (Month, Day, Year) 32. REGISTRAR'S	SIGNATURE	DUIGIUI GIUU	NIGO, INO	LIONO						
	JUN 09 1994 Juli David	an Rayle									
	1	The state of the s									

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

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	for 1 - STATE REGISTRAR		STATE OF N	MARYLA	ND / DI CER	EPARTM	MENT OF	HEALTH DEAT	AND I	MENTAL HYGIEN REG. NO			
	1. DECEDENT'S NAME (First, I	M		BL	YAKHI	MAN				2. DATE OF CEATH DO NORTH DO NORTH DO	1994	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 215-31-4349	ER	5. SEX 1 M 2 F	6.86E (In		thday) IF YRS. MO	NTHS DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year) 1/1/1914		8. BIRTHE Country RUS	
Œ	9a. FACILITY NAME (If not inst JEWISH CONVA			CTNC	HOME	96	BALTT	MORE	ON OF DE	ATH	BALT	TM6R	ATH E
CTO	RESIDENCE OF DECI	EDENT	NI & NON	TING	HOME								
DIRECTOR	MD	106. COUNTY BA	LTIMORE		10		OWN OR LOCA SALTIMO					- 1	10d. INSIDE CITY LIMITS? 1 YES 2 XNO
FUNERAL	10s. STREET AND NUMBER 7920 SCOT	TS LEV	EL RD				10	7. ZIP CODI	208		10g. CITIZ		HAT COUNTRY?
ВҰ	11 MARITAL STATUS 11 Never Married 2		12. WAS DECEDEN FORCES? 1 IF YES, GIVE W				If yea, a		n, Maxica	IIC ORIGIN? (Specify Yea n, Puarlo Rican, etc.)	n or No	14. RACE Black, WHT	— American Indian, Whita, atc.
田田	(Specify only	DENT'S EDUC	ATION completed)		(Give k	and of work	JAL OCCUPATI	ON ost of workin	g	16b. KIND OF BU	SINESS/IND	USTRY	
COMPLETED	Elementary/Secondary (0-1		College (1-4 or 5 a	-)	ACCO	UNTAI	NT'			ACCOUN!	TING		
ш	17. FATHER'S NAME (First, Mid YAAKOV		KHMAN					18, MOTH	HACH	K (First, Middle, Malden	Surname)	BLY	AKHMAN
TO B	19a. INFORMANT'S NAME (Typ. MRS IRENE SEC						ORESS (Street			S MILLS, I		Code)	
	20axMETHOD OF DISPOSITIO	3 Ramo	val from Stata	20b. Pi	LACEAND	DATE OF D	ISPOSITION (N	ame of			CATION — C	Offy or Tow	.,
	21. SIGNATURE OF FUNERAL.	TH J	22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC.										
ERTIFICATION	23. PARTVI. Enter the disadese, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arreat, IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										Approximata interval Between		
MEDICAL C	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO									WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO		HOSPITAL:	l main			THER:			ick only one)			
НХ	27. MANNER OF DEATH		1 Inpatiant 2 28s. DATE OF	INJURY		b. TIME OF	F 28c. IN.	URY AT	sidenca	8 Other (Specify) 28d. DESCRIBE HOW I	NJURY OCC	URED	
ВУ Р		ending westigation	(Month, D	ny, rear)		INJURY		YES 2	NO				
		ould not be starmined	28a. PLACE O building,	F INJURY — etc. (Specify)	At home,	farm, stree	ot, factory, offic			281. LOCATION (Street a City or Town, State)	and Number o	or Rurel Ro	ute Number,
COMPLETED										to the cause(a) and mar time, data and placa, an			and manner as stated,
B	29b. SIGNATURE AND TITLE O	OF CERTIFIER	w					29c. LICE	NSE NUM	BER	29d. DATE	SIGNED (Month, Day, Year)
2	30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAUS	BE OF DEAT	H (ITEM 27	20		J . (, ,		3		
	31. DATE FILED JUN 0	9 1994	Jalia	Daniel La	WIRE ROY	lell.							

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SALTIMORE, MARYLAND 21215-0020

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPART			MENTAL HYGIEN	E				
	1. DECEDENT'S NAME (First, Middle, Lest)					2. DATE OF DEATH			TIME OF DEATH		
- {	Cha	arles N. Ce	lano	June 3, 1994			9:00 Am				
- 1				F UNDER † YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		BIRTHPLA	CE (State or Foreign		
		1 🕅 M 2 🗆 F 94	YRS.	ONTHS DAYS	HOURS MIN.	(Month, Day, Year) 8-13-1899	9 (Nev	w York		
~	9e. FACILITY NAME (If not institution, give stre	,	•		R LOCATION OF DE		9c. COUNTY				
5	204 Lochnell Ro	bad		L	uthervil	le	Balt	imore	9		
EC	10e. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCAT	ION			104	. INSIDE CITY		
DIRECTOR	Maryland Baltin	more	1	Lutherv	ille				LIMITS? YES 2 X NO		
	10e. STREET AND NUMBER				ZIP CODE		10g. CITIZEN				
3	204 Lochnell 1	Road			21093			S.A.			
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMED			IIC ORIGIN? (Specify Yee			Americen Indien,		
	1 Never Merried 2 Merried	FORCES? 1 YES	2 NO	If yes, spi	cify Cuben, Mexica	n, Puerto Ricen, etc.)		Black, Wh Specify:	ille, etc.		
В	3 Widowed 4 Divorced			t 🗌 YES	X	,		эрвспу.	White		
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of	iTION ompleted)	16e. DECEDENT'S US	SUAL OCCUPATION k done during mo.	N of working	16b. KIND OF BUS	INESS/INDUST	RY			
9	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use	retired.)							
MPI		2	Mgr. of	Mail Ro	oom	A. J.	Becke:	r			
8	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maiden	Surname)				
BE	Charles Cela	ano			Albina	un:	KNOWN				
2	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or Town		,			
-	Mrs Albina R. Spac	la	204 I	Lochnel:	L Road, 1	Lutherville	e, Mary	land	21093		
	20e. METHOD OF DISPOSITION 1 1 Burlel 2 Cremetion 3 Remov	20b.	PLACE AND DATE OF	DISPOSITION /Na	me of	OATE 20c. LOG	CATION — City	or Town,	State		
	4 Donation 5 Tother (Specify)	Du	raney var	Tey Mer	n. Gards	. 6-6-94 T	imoniun	n, Ma	aryland		
	21. SIGNATURE OF FUNERAL SERVICE LICEI		0		O ADDRESS OF FA	cury Funeral Hor	. Tm				
	▶ Wallace_	S. Brook	1,21			ad, Towson,			,		
	23. PART I. Entar the diseases, or co		10	antar tha mo	de of dving, suc	h as cardiac or reapi	ratory arrest.	1204	Approximata		
	shock, or haart failura. List only ona cause on each line.										
	IMMEDIATE CAUSE (Final disease or condition Cencel (1) R. (M. M. M. C.). All O. A. C.										
1	resulting in death) a.	OUE TO (OR ASA	CONSEQUENCE OF:	7	- (30)	<u>.</u>					
-	disease or condition resulting in death) a. Conding Manager Onest and Basin Oue To (or s. A consequence of): My conding Infanction b. My conding Infanction										
0	Sequentially list conditions, If any, leading to immediate										
8 1	cause. Enter UNDERLYING										
Ē	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):								
CERTIFICATION	resulting in death) LAST							ļ			
	PART II. Other significant conditions	contributing to death by	th mot specification	Abo and doubles							
SAL	The strict of th	contributing to death bu	t not resulting in	uia unuariying	cauaa givan in	Part I. 24a. WAS AN. PERFOR		AWA	RE AUTOPSY FINDINGS ILABLE PRIOR TO		
ă						1 7ES 2	DIA		MPLETION OF CAUSE DEATH?		
Σ						-X		1 [YES 2 NO		
PHYSICIAN: MEDIC	DID TOBACCO USE C	ONTRIBUTE TO	CAUSE OF								
<u>5</u>	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PL	ACE OF OEATH Ch	eck only one)					
YS		1 Inpatient 2 ER/Outpa	tient 3 DOA 4	☐ Nursing Hom		6 Other (Specify)					
표	27. MANNER OF DEATH 1. Netural 5 Pending	(Month, Day, Year)	28b. TIME (URY AT RK?	28d. DESCRIBE HOW IP	JURY OCCURE	0			
B	2 Accident Investigation				ES 2 NO						
Ω.	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At home, term, street, tectory, office building, etc. (Specify)							Number,		
<u>.</u>											
릴		AN: To the beat of my knowle									
COMPLETE	2 MEDICAL EXAMINER:	On the basis of examination	and/or investigation,	in my opinion, d	eath occured at the	time, date end place, end	d due to the ca	use(a) and	menner as stated,		
BEO	296. SIGNATURE AND TITLE OF CERTIFIER	ABER	29d. OATE SIG	SNEE (Mix	m, Oak, Year)						
	1 well 5	100/1	0		1)309	10	161	161	199		
임	38. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type, P	rint)			7.6	-			
	Robert Stoltz,	M.D. 1447 Yo	ork Road,	Luther	ville, M	Maryland 21	.093				
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA			·						
	JUN 0 9 1994	their Danison-Re	dell								

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BALTIMORE, MARYLAND 21215-0020

Pages 1, 2, 3

permit.

burial-transit

DIVISION OF VITAL RECORDS, P.O. BOX 68760

HOSPITAL FUNERAL WITHIN 72 h

TO THE HOSPITA
TO THE FUNERA
De filed within 7
IMPORTANT: I

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OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with nouns after death. Page 6 may be retained by the hospital or attends	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as it		once.
e retained by	5 should be		item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
age 6 may b	director, page		er must be
after death. P	y the funeral	noval.	cal examin
nours	ely filled in b	lation, or ren	, the medi
executed with	and complet	burial, crem	natic event
ertificate be	ng physician	giene prior to	other traun
t the death c	by the attend	nd Mental Hy	injury, or
requires that	been signed t	of Health a	shows any
IAN: The law	rtificate has	ne State Depi	or item 23
DING PHYSIC	After this cer	death with th	marked,
OR ATTEN	DIRECTOR:	hours after (item 28 is

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. t. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 994 CULLENS

6. AGE (In yrs. lest birthday) L. 12:27 AM DIXIE JUNE 7. DATE OF BIRTH (Morith, Day, Year) 4. SOCIAL SECURITY NUMBER 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign Country) (Morith, Day, Year) 1 M 2 F HOURS 247-30-9977 70 South Carolina 9e. FACILITY NAME (If not institution, give street end number) 96. CITY TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH HOSPITAL SINAL DIRECTOR BALTIMORE RESIDENCE OF DECEDENT 10b. COUNTY toc. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland 1 TYES 2 NO Baltimore FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 4016 Rogers Avenue 21215 Apt. A IISA 11. MARITAL STATUS WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or Not4. RACE — American Indian, Black, White, atc. if yes, specify Cuben, Mexican, Puerto Ric 1 YES 2 NO Specify: t Never Married 2 Merried IF YES, GIVE WAR OR DATES BY Specify: 3 Widowed 4 Div Black 16a. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5 +) 11th Grade Laundry Worker Bugle Laundry 17. FATHER'S NAME (First, Middle, Last) 16, MOTHER'S NAME (First, Middle, Maiden Surname) William Cullens BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ACCRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Russell & Linda Wilder Pinelea Court Pikesville, MD 21208 20s. METHOD OF DISPOSITION
1 X Burlel 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State OATE cometery, cremetory or other place)
MD Vereran Cemetery/Garrison 6/6 4 Donetion 5 Other (Specify) Owings Mills, MD 22. NAME AND ADDRESS OF FACILITY Nutter Funeral Homes, Inc 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 2501 Gwynns Falls parkway sevin Baltimore, Maryland 21216 23. PART i. Enter the diseases, or complications that caused tha death. Do not enter the mode of dying, such as cardiec or respiratory erreat, Approximeta Intarval Between shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition MYELITIS 6 wks. resulting in death) DUE TO (OR AS A CONSEQUENCE OF): NEUMONIA CERTIFICATION Sequantially list conditiona, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO JOB AS A CONSEQUENCE OF that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a, WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH? PERFORMED? 1 YES 2 NO 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: EXAMINER? OTHER: Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF INJURY 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office hullding. etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town. State) 3 Suicide COMPLETED 8 Could not be 4 Homicide 29e. CERTIFIER

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) end manner as stated. 2 MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occured at the time, date end place, end due to the cause(e) end manner ee stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

BALTIMURZ

32. REGISTRAR'S SIGNATURE

HOSPITHL

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31. DATE FILED (Month, Day, Year)

6/2/94 DHMH-18 Rev 1/89

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6. AGE (In yrs. last birthday)

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

IF UNDER 1 YEAR IF UNDER 24 HRS.

FOR STATE REGISTRAR

4. SOCIAL SECURITY NUMBER

1. DECEDENT'S NAME (First, Middle, Last)

Book

1 -

cay

9c. COUNTY OF DEATH

BALTIMORE

USA

MILBURD

20c. LOCATION - City or Town, State

MD

21215

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE

1 TYES 2 NO

OF DEATN?

29d. DATE, SIGNED (Month), Day, Year)

Approximate

Interval Between

Onset and Death

ROSEDALE,

BALTO.

2. DATE OF DEATN

Junie

DAY

RECORDS, P.O. BOX 68760, **DIVISION OF VITAL**

MARYLAND 21215-0020

BALTIMORE,

7. DATE OF BIRTN (Month, Day, Year 213-33-9284 MONTHS DAY\$ HOURS 1 🗌 M 2 💢 F 82 YRS 12/12/1911 9e. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH NORTHWEST HOSPITAL CENTER RANDALLSTOWN DIRECTO RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION MARYLAND BALTIMORE BALTIMORE permit. 10e, STREET AND NUMBER FUNERAL 101. ZIP CODE 6415 ELRAY DR., APT. C 21209 use as the burial-transit be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS OECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENOENT OF NISPANIC ORIGIN? (Specify Yes or No-FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES If yee, specify Cuben, Mexican, Puerto Ricen, etc.)

1 YES NO Specify: 1 Never Merried 2 Merried BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 18b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) detached for College (1-4 or 5+) HOUSEWIFE AT HOME 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) SAMUEL WALDERMAN ETHEL funeral director, page 5 should be BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 ALBERT M. CAPLAN 6415 ELRAY DR., APT.C BALTIMORE, mD 21209 be Раде 6 тау 20a METNOD OF DISPOSITION 1 Burlel 2 Cremetion 3 20b. PLACE AND DATE OF OISPOSITION (Name of OATE must 4 ☐ Donation 5 ☐ Other (Specify) AGUDAS ACHIM ANSHE SFARD 6/7/94 examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND AGORESS OF FACILITY death. SOL LEVINSON & BROS., INC. 6010 REISTERTOWN RD. he death certificate be executed within fours after of the attending physician and completely filled in by the Mental Hygiene prior to burial, cremation, or removal. medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart fallure. List only one cause on each line. IMMEDIATE CAUSE (Final the disease or condition resulting in death) 12 OMILLE event. DUE TO (OR AS A CONSEQUENCE OF) traumatic CERTIFICATION Sequentially list conditiona, OUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST 0 any injury, PART II. Other significant conditions contributing to death but hot resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? requires that the MEDICAL signed by the roulc shows ousn been at. of I PHYSICIAN: W.P. has be Dept. 23 25. WAS CASE REFERRED TO MEDICAL The 26. PLACE OF DEATH (Check only one) h the State [item NOSPITAL: EXAMINER? L OR ATTENDING PHYSICIAN: Th L DIRECTOR; After this certificate ? hours after death with the State OTHER: Inpatient 2 - ER/Outpatient 3 - DOA 4 ☐ Nursing Home 5 ☐ Residence 8 ☐ Other (Specify) 6 27 MANNER OF DEATH 28e. DATE OF INJURY this c 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. OESCRIBE NOW INJURY OCCURED marked, Natural м 1 YES 2 NO BY 2 Accident 28a. PLACE OF INJURY — At home, term, street, fectory, office building, etc. (Specify) 281, LOCATION (Street and Number or Rural Route Number, City or Town, Stete) 3 Sulcide ETED 8 Could not be 4 Homicide determined 200 item CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner ee stated. COMPL HOSPITAL FUNERAL I TO THE HOSPITA
TO THE FUNERAL
DE filed within 72
IMPORTANT; If stigation, in my opinion, death occured at the time, data end place, end due to the cause(e) end menner as stated. 29c. LICENSE NUMBER BE 60 2 LETED CAUSE OF DEATH (ITEM 27) (Type, P)

32. REGISTRAR'S SIGNATURE

3. TIME OF OEATH

10d. INSIDE CITY LIMITS?

14. RACE — American Indien, Black, White, etc.

YES 2 NO

8. BIRTNPLACE (State or Foreign Country)

MARYLAND

10g. CITIZEN OF WHAT COUNTRY?

Specify:

WHITE

8:40 Pm

cioli

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a four safer death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

_						9711					ied. NO.			
	1. DECEDENT'S NAME (First	ınz				2. DATE OF DEATH DAY YEAR 3.			3. TIME OF DEATH					
										June 3, 1994			311 TM	
	220-03-916	WORDER TEAM IF UNDER ZERRIS. If UNDER ZERRIS. If UNDER ZERRIS.				BIRTH V: Year) 1 Q C	22	Counti						
	9a. FACILITY NAME (If not in			102		9b, CITY	TOWN O	R LOCATI			7,105		MAR'	YLAND
E I	4005 Green Glade Road									ALTI				
5	RESIDENCE OF DECEDENT													
DIRECTOR	MARYLAND BALTIMORE			10c. CITY,		OEN							10d. INSIDE CITY LIMITS?	
	10e. STREET AND NUMBER							ZIP CODE			-	1 YES 2X NO		
FUNERAL	4005 Green Glade Road					21131						USA		
2	11. MARITAL STATUS		12. WAS DECEDEN FORCES? 1	T EVER IN U.S. ARI							ne or No.— 14. RACE — American Indian, Black, White, etc.			
à l	1 Never Merried 2 3 Widowed 4 Divo		IF YES, GIVE V		If yee, specify Cuben, Maxican, Puerto Rican, etc.) 1 YES 2 NO Specify:					Specify: WHITE				
TED		EDENT'S EDUC y highest grade		(Gi	CEDENT'S U	rk done du			g	16b. Kil	ID OF BUS	INESS/IN	DUSTRY	
COMPLET	Elementary/Secondary (0	0-12)	College (1-4 or 5	Hfe.	Do NOT use House	retired.)				Ow	m Ho	me		
BE CON	17. FATHER'S NAME (First, M Kun:		Picker, S					H-	elen	ME (First, Midda a Wieb	ke B	ushm		
TO B	19a. INFORMANT'S NAME (7 Elaine Da		edey	198	MAILING A	E.Jo	(Street e	Rd.	or Rural F	WSON,	MD 2	1, State, Zij 1204	Code)	
	20e. METHOD OF DISPOSIT 1 Burlei 2 Trematic 4 Donation 5 Other	on 3 🗌 Remo	oval from State				ory, Inc. Date 20c. LOCATION - City or Catonsvil					City or To Vill	e, MD	
	21. SIGNATURE OF FUNERA		ENSES	_				D ADDRES			1.6	1.1	_	
	11000	Marti	n D Laws	on						ell-Wi				MD 21093
CATION	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, above, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):													
CERTIFICATION	CAUSE (Disease or Injury that Initiated eventa rasulting in death) LAST d.													
EDICAL O	PERFORMED? AVAILABL COMPLET							WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE						
MEC											2	~		OF DEATH? 1 YES 2 NO
	DID TOBACC	O USE	CONTRIBUT	E TO CAL	_ OF	DEAT	ΉΥ	ES [] NO					
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL	HOSPITAL:			OTHER:		ACE OF D	EATH (Che	ck only one)				
2	1 TYES 2 NO		1 Inpatient 2	ER/Outpatient 3	□ DOA 4	☐ Nursir	ng Home		eldence	8 Other (S)				
1 Nettral 5 Pending														
								doute Number,						
29e. CERTIFIER (Check only one) 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and investigation, in my opinion, death occurred at the time, date end place, and due to the ceuse(a) and menner and the signature of the ceuse(a) and menner and the signature of the ceuse(b) one of the ceuse(c) and menner and the time, date end place, and due to the ceuse(a) and menner and the ceuse(b) one of the ceuse(c) one of t) and menner as stated.					
									(Month, Day, Year)					
2	Paul M.						, P	hoen	ix,	MD 21	131			
	31. DATE FILED (Month, Day,	9 1994	Julia Julia	R'S SIGNATURE	and the									
			-								_			DHMH-16 Rev 1/8

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cartificate be executed within fours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

_	REGISTRAN		- CI	ERITE	ICALL	. OF	DEA	111	H	EG. NO.			
,	1. DECEDENT'S NAME (First, Middle, Last) Annie Laura Engle-Holliday 2. DATE OF DEATH June 6, 1994 3. TIME OF DEATH June 6, 1994												
	220-05-8248 D	5. SEX	6. AGE (In yrs. les	YRS.	IF UNDER MONTHS	UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRT				(Year)	6. BIRTHPLACE (State or Foreign Country)		
		THS.	Till and	MONTHS DAYS HOURS MIN. ((Month, Day, Year) 9b. CITY, TOWN OR LOCATION OF DEATH				, 18					
æ	9e. FACILITY NAME (If not institution, give street end number)							ON OF DE	EATH			INTY OF D	
DIRECTOR	Meridian Nursing Center-Loch Raven					Towson Baltimore Count					ore County		
Œ.						TY, TOWN OR LOCATION 10d. INSIDE CITY							
5	Maryland Baltimore County T					WSON LIMITS? Y						1 YES 2 NO	
AL	10e. STREET AND NUMBER					101	. ZIP CODI	E			10g. CIT	IZEN OF	WHAT COUNTRY?
FUNERAL	8720 Emge Road						212	.04			US	SA	
5	11. MARITAL STATUS 1 Never Merried 2 Merried	12. WAS DECEDER	T EVER IN U.S. AR	MEO	13. WAS DECENOENT OF HISPANIC ORIGIN If yes, specify Cuben, Mexican, Puerto R				IIC ORIGIN? (Sp	? (Specify Yee or No— 14. RACE — American India Black, White, etc.)			E — American Indian,
ВУ	3 Widowed 4 Divorced	IF YES, GIVE					2 X) NO			, etc.)	Specify:		
	15. DECEDENT'S E	DUCATION	16- 00	OFFICE	1								White
	(Specify only highest gn	ide completed)	(G	CEDENT'S live kind of a Do NOT us	work done o	during mo	st of working	ng	16b. KINI	D OF BUS	INESS/INI	DUSTRY	
F	7 years	College (1-4 or 5		nchpr	esse	r			To	ο1 δ	1 & Die		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAME (First, M.				ME (First, Middle	. Maiden	Sumame)		
BE C	Unknown	Unknown	Bear	ner					wn by			rmar	nt
	19e. INFORMANT'S NAME (Type/Print)		19	b. MAILING	AOORESS	(Street e	nd Number	or Rural F	Route Number, C	ity or Town	n, State, Zij	p Code)	
2	Mr. William L. H	Ingle	9	942 E	llen	dale	e Dri	ve,	Towson	, MI	212	286	
- 3	20a METHOO OF DISPOSITION 1 N Burlel 2 □ Cremetion 3 □ R	moval from State	20b. PLACE	AND DATE	OF DISPOS	ITION /Na	me of		OATE	20c. LO	CATION —	City or To	own, State
	4 Donetion 5 Other (Specify)		Sater	s Bar	otist	: Ch	Ceme	eter	y 6/9	Lutl	herv	ille	, Maryland
22. NAME AND ADDRESS OF FACILITY Dulaney Vall							ley Home of						
	Martin D. La	wson			Ti	moni	i-Milu Lum,	Mary	land 2	1093	.a, 1	LU W.	Padonia Rd
	23. PART i. Enter the diseases, of abook, or heart failure	r complications the	it caused the de	ath. Do r	not anter	tha mo	de of dyi	ing, aucl	h aa cardiac	or reapi	ratory ar	reat,	Approximate
	shock, or heart failure. List only one cause on each line. Interval Between Onset and Death												
	disease or condition resulting in death) a. ASCVD												
		DUE TO	(OR AS A CONSE	OUENCE O	F):			6	. //		- 6		Do .
8	Sequentially list conditions, b. Russian Edema 4hrs												
A	if any, leading to immediate cause. Enter UNDERLYING												
유	CAUSE (Disease or injury that initiated events	e. DUE TO	(OR AS A CONSE	OUENCE OF	P):								1
CERTIFICATION	resulting in death) LAST												
	PADT II Other cignificant and its												
EDICAL	PART II. Other significant condition	ons contributing to	death but not r	reaulting	in tha un	dariying	causa (givan in	Part i. 24a.	PERFOR		ME	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
ă	1 TES 2 100							H10		COMPLETION OF CAUSE DF GEATH?			
Σ	DID TODACCO HIS	CONTRIBUTE	T TO 0411	100 01									1 TES 2 NO
PHYSICIAN:	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO 25. WAS CASE REFERRED TO MEDICAL												
를 다	EXAMINER?	HOSPITAL:	TEDIO-4		OTHER				eck only one)				
¥	27. MANNED OF DEATH	28e. DATE OF	ER/Outpatient 3	28b. TIM	- T	28c. INJ		sidence	8 Other (Spe 28d. DESCRIB		LIURY OC	CUREO	
	1 Natural 5 Pending	(Month, L	Day, Year)	INJ	URY	WO	RK?	NO	200.0200110	2110111		CONLO	
BY	2 Accident Investigatio 3 Suicide 8 Could not t	28e. PLACE C	OF INJURY — At ho	me, farm, s	street, facto	ory, office			28f. LOCATION	N (Street a	nd Numbe	r or Rural I	Route Number,
E	4 Homicide determined	building,	etc. (Specify)						City or Tov	vn, State)			
29e. CERTIFIER (Check only one) 2 I CERTIFYING PHYSICIAN: To the best of my knowledge, dash occurred at the time, date end place, end due to the cause(e) end menner as stated. 2 I MEDICAL EXAMINER: On the best of examination and/or investigation, in my opinion, dash occurred at the time, date end place, and due to the cause								had					
									e) and menner ee stated.				
	29b. SILL ATURE AND TITLE OF CERTIF				NSE NUN					(Mohin, Day, Year)			
H	Acara	- M. I	2000	0	ms		5	12	75	-	1	17	104
2	30. NAME AND ADDRESS OF TERSON	VHO COMPLETED CAU	SE OF OEATH (ITE	M 27) (Type,	Print)		40	107	do	_	6	1/	///
	George T. Gilm					, Lu	ther	vill	e, Mar	y1an	d 21	.093	
	31. OATE FILEO (Month, Day, Year)	32 REQUETR	DIS SIGNATURE				-	_					
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the Hospital or after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	REGISTRAR		CERTIF	CATE OF	DEATH	REG	NO.			
	1. DECEDENT'S NAME (First, Middle, Last) STELLA	J		ELLIN			TH DAY	3. TIME OF DEATH 4:35 A M		
BY FUNERAL DIRECTOR	4. SOCIAL SECURITY NUMBER 213-82-1529	5. SEX 6. AGE	(In yrs. last birthday)	# UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	JUNE 6 7. DATE OF BIRTY (Month, Day, Ye) 5/20/19	H ar)	6. BIRTHPLACE (State or Foreign Country) PENNSYLVANIA		
	9a. FACILITY NAME (If not institution, give s 13414 LONGNECKER	treet and number)		9b. CITY, TOWN OR LOCATION OF DEA						
	RESIDENCE OF DECEDENT 100. STATE 10b. COUNT MARYLAND BALT	IMORE		10c. CITY, TOWN OR LOCATION GLYNDON			10d.			
	100. STREET AND NUMBER 13414 LONGNECKER	RD		101. ZIP CODE 21071			10g. CITIZEN OF WHAT COUNTY USA			
	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorcad	IN U.S. ARMED 2 NO DATES	13. WAS DEC	14. RACE — American Indian, Black, White, atc. Scocily: WHITE						
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elamentary/Secondary (0-12)	(Give kind of w life. Do NOT us	DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) HOUSEWIFE AT HOME							
BE CO	17. FATHER'S NAME (First, Middle, Last) LAWRENCE	GRANTO		16. MOTHER'S NAME (First, Middle, Meiden Surneme CECCO ANGELIA						
5	198. INFORMANT'S NAME (Type/Print) MR MARVIN ELLIN			LONGNEC	nd Number or Rural F	GLYNDO				
	20e. METHOD OF DISPOSITION 1 XBurlal 2 Cremation 3 Rem 4 Donation 5 Other (Specify)		CE AND DATE OF DISPOSITION (Name of Crematory or other DATE CHEMICAL PROPERTY OF TOWN BALTIMORE,							
	21. SIGNATURE OF FUNERAL SERVICE LIC	Itillus	w		EVINSON & REISTERTO		INC. BALTO.	, MD 21215		
	22. PART I. Enter the discess/or complications that caused the deeth. Do not enter the mode of dying, such ee cerdisc or respiratory arreet, abock, or helint triture. Liet only one ceuse on eech line. Approximate Interval Between Operat and Postsh									
disease or condition e. Organ Culture — Cachex Dys To (OR AS A CONSEQUENCE OF): Sequentially list conditions, DIE TO OR AS A CONSEQUENCE OF):							exia	2 WK		
ATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury C. LUNG CONCOV, VOCUMPENT C. LUNG CONCOV C.									
CERTIFICATION	CAUSE (Disesse or Injury that initieted evente reculting in deeth) LAST	d. para		urr	enj					
	PART il. Other significent condition	s contributing to death i	out not resisting I	n the underlying	r ceuse given in	Part i 24a W	S AN AUTOPSY	24b. WERE AUTOPSY FINDINGS		
EDICA						RFORMED?	AMAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH?			
PHYSICIAN: MEDICAL	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO									
Sign	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		OTHER:	ACE OF DEATH (Che		non	7 6		
	27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 26c. INJURY AT WORK? 28c. INJURY AT WORK?							COURED		
TED BY	2 Accident 3 Suicida 4 Homicide 2 Accident 3 Suicida 5 Could not be detarmined 3 Suicida 6 Could not be detarmined 3 Suicida 6 Could not be detarmined 4 Homicide 4 Homicide 5 City or Town, State) 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State)							er or Rural Route Number,		
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the beat of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.									
띪	29b. SIGNATURE AND TITLE OF CERTIFIED 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 10775 VI 6 94									
욘	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type,	Print) W						
	31. DATE FILED (Month, Day, Year) 31. DATE FILED (Month, Day, Year) 31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	ANGELL,							

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TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within the new records after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2. 3 should
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	1 - FOR STATE REGISTRAR	ATE OF MARYLANI	D / DEPARTI				GIENE 3. NO.		
	1. DECEDENT'S NAME (First, Middle, Last) Mable D.	Frin	£	- ,		2. DATE OF DE		YEAR	3. TIME OF DEATH 5.03A M
	7 0 0 1	M 2 1 66		ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIR	TH. (1927)	6. BIRTH	PLACE (State or Foreign OF CAROLINA
TOR	96. FACILITY NAME (If not institution, give street end UNIVERSITY	HOSPITAL	9	BAI	TIMORE	CITY	9c. COUN	n/a	
DIRECTOR	100. STATE 10b. COUNTY n/a		10c. CITY, 1	TOWN OR LOCATE	on TIMORE				10d. INSIDE CITY VLIMITS? 1 YES 2 NO
FUNERAL	1602 N. BEN	NTALOU ST	.,BALT		2121	6	UN I		STATES
В	1 Never Married 2 X Married FC	AS DECEDENT EVER IN U.S DRCES? 1 TYES 2 YES, GIVE WAR OR DATES	(XNO	If yes, spe	INDENT OF HISPAN city Cuben, Mexica 2 (X) (O Specify	n, Puerto Rican, e		14. RACE Black Speci	- American Indian, t, White, etc.
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade comple Elementary/Secondary (0-12) Colle TH	16e (1-4 or 5 +)	Give kind of work	k done during mos etired.)	N t of working		OF BUSINESS/IND		ERNMENT
E COM	17. FATHER'S NAME (First, Middle, Last) JOSHUA DU PREE				16. MOTHER'S NA EVA		Maiden Surname)		
TO BE	190. INFORMANT'S NAME (Type/Print) OWENS W. FRII	NK_	19b. MAILING AD	DRESS (Street at			or Town, State, Zip BALT		RE,MD # 16
	20e. METHOD OF DISPOSITION (1 X Burlel 2 Cremation 3 Removal fro 4 Donetion 5 Other (Specify)		CEAND DATE OF I	ARK	CEMETER	X Y	BALTIM		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	www		200	C.MARC		-1101	E.N	ORTH AVE.
CERTIFICATION	23. PART I. Enter tha disesses, or compile shock, or heart failure. List of IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A COR	NSEQUENCE OF):						Approximata Interval Batwean Onset and Death
MEDICAL	PART ii. Other significant conditions cond	ributing to death but n	ot reaulting in t	the underlying	cause given in	F	MAS AN AUTOPSY PERFORMED? YES 2 NO	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:		SPITAL:		THER:	ACE OF DEATH (Ch				
		26e. DATE OF INJURY (Month, Day, Year)	26b. TIME C	OF 28c. INJU	RIC?		HOW INJURY OCC	URED	
red BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	Se. PLACE OF INJURY — A building, etc. (Specify)	it home, ferm, stra	1.1	ES 2 NO	28f. LOCATION City or Town	(Street and Number , State)	or Rural F	Route Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: T	o the best of my knowledge) and manner on stated
B	29b. SIGNAÇORE AND TITLE OF CEROO ER	eraid	MI	S	29c. LICENSE NUM				(Month/Day, Year)
٤	CUSAMOND A. E	VERARE	I'M C		25.	Gree	ne 59	2	Ball MD
	31. DATE FILED (Month, Day, Year) 3	2. RUGISTRAR'S SIGNATUR	10 - 1 m						, , , , , , , , , , , , , , , , , , ,

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Jours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burla-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. ND 21215-0020 DIVISION OF VITAL RECO

STATE OF	MARYLAND	/ DEPARTMENT	OF HE	ALTH AND	MENTAL	HYGIENE

REGISTRAR		CE	:KIIFI	CALE	: UF	DEA	IH		EG. NO	•		
1. DECEDENT'S NAME (First, Middle, Last) Robert Fireshe	ets							2. DATE OF MONTH	D	4 19	YEAR 94	3. TIME OF DEATH 7: 20 A
4. SOCIAL SECURITY NUMBER		L AGE (In yrs. lest	t birthday)	IF UNDER	1 YEAR	IF UNDER	1 24 HRS.	7. DATE OF			1.7	LACE (State or Foreig
217-40-2563		52		MONTHS	DAYS	HOURS	MIN.	(Month, De			Country)	
9e. FACILITY NAME (If not institution, give st	reet end number)			9b. CITY,	TOWN	OR LOCATI	ON OF DE	NOV	17,	1941 9c. COUN	TY OF DE	ginia
Harbor Hospita	1			Pa	1+1	more						
RESIDENCE OF DECEDENT	1			DU	.1.01.	more				L		
100. STATE 10b. COUNTY			10c. CITY	, TOWN O	R LOCAT	TION						10d, INSIDE CITY LIMITS?
			Ba	altir								YES 2 NO
104. STREET AND NUMBER					101	f. ZIP COD	E					IAT COUNTRY?
3912 South Hanov	rer Street						225					tates
1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 [2]	YES 2 N		1	f yes, sp		n, Maxica	NIC ORIGIN? (S in, Puerto Ricai y:		or No-	Specify	- American Indien, White, atc. : White
15. DECEDENT'S EDUC (Specify only highest grade		16a. DE	CEDENT'S	USUAL OC	CCUPATIO	ON		16b. KIN	ID OF BU	SINESS/IND		
Elementary/Secondary (0-12)	College (1-4 or 5+)	life.	ve kind of w Do NOT use	ork done o	aunng mo	ost or worki	ng					
12 yrs. 17. FATHER'S NAME (First, Middle, Last)			Paint	er				C	onst	ructi	ion	
17. FATHER'S NAME (First, Middle, Last)								ME (First, Midd		Sumame)		
Clarence Warring	er		Π			Ly	dia	McNabb				
19e. INFORMANT'S NAME (Type/Print)		198	, MAILING	ADDRESS	(Street s	and Numbe	r or Rural i	Route Number, (City or Tow	n, Stata, Zip	Code)	
Mrs. Brenda Tulle	er	7	107	A I	Defa	nzo	Loop	Fort	v			
20a. METHOD OF DISPOSITION 1 □ Burlel 2 □ Cremation 3 □ Remo	oval from State	20b. PLACE A	ND DATE O	F DISPOS	ITION (No	eme of	c 1-	DATE		CATION —		
4 Donation 5 Other (Specify)		Metr	o Cre						Cat	consvi	ılle,	Marylar
21. SIGNATURE OF FUNERAL SERVICE LIC	E baug	6		Ki	irkl	_	uddi	ck Fun				MD 2106
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (C	OR AS A CONSEC										
Cause. Enter UNDERLYING CAUSE (Disease or injury	·											
that initiated events resulting in death) LAST	DUE TO (C	R AS A CONSEC	DUENCE OF):								
resulting in death) CAST	i											1
manner is our bound of the contract of the con	eontributing to d	eath but not n	eaulting i	n the un	derlyin	g cause	given in	Part i. 24		AUTOPSY	24b. 1	WERE AUTOPSY FIND
Irachoel - los									PERFOI			MAILABLE PRIOR TO COMPLETION OF CAL OF DEATH? 1 YES 2 - NO
25. WAS CASE REFERRED TO MEDICAL				-	26. PI	LACE OF C	EATH (Ch	neck only one)	_			
EXAMINER?	HOSPITAL:	ER/Outpatient 3	DOA	OTHER A Num	₹:			8 Other (Sc	nanthr)			
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	28e. DATE OF III (Month, Day	JURY	265. TIME	OF	28c. IN.	JURY AT DRK?		28d. DESCRI		NJURY OCC	UREO	
2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF building, at	INJURY — At he c. (Specify)	me, larm, s	treet, fact				28f. LOCATIO City or To	ON (Street own, State)		or Rural Ro	ute Number,
290. CERTIFIER 1 CERTIFYING PHYSIC (Check only 000) 2 MEDICAL EXAMINEI												and manner ea stat
296. SIGNATURE AND TITLE OF CERTIFIER	- 11		7 ,			29c. LIC	ENSE NUI	MBER		29d. DATE	E SIGNED (Month, Day, Year)
Carphine Milla	w Me	dical.	lute	rn						J	me	4 / 1994
Raymund Mill	an 30	OF DEATH (ITES	1 27) (Type,		Engi	lev.	St.	Be	alta	0 1	10	21225
31. DATE FILED (Month, Day, Year)	32. REGISTRAR	S SIGNATURE	white									

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 54 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

.H. Film# G-712 06/09/94 R.M.
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG. NO. Item# 17 FOR 1 - STATE REGISTRAR Per F

_	nedis Inan	CE	nin	CATE	Ur	DEAL	111	HEG. NO.			
	Dorothy A. Goodrich							2. DATE OF DEATH DA	Y 7	qu'	3. TIME OF DEATH 9:3/ Am
	21.1 2 2 1 2023	(In yrs. last	birthday) YRS.	IF UNDER 1	YEAR DAYS	HOURS	MIN.	7. DATE OF BIRTH (Month, Day, Year)	3	8. BIRTHP Country)	LACE (State or Foreign
	9s. FACILITY NAME (If not institution, give street and number)			9b. CITY,	TOWN C	R LOCATI	ON OF DE	ATH	9c. COU	NTY OF DE	ATH
DIRECTOR	FREDERICK VILLA NURSING HOME			CA	ATOI	NSVII	LE		E	BALTIN	MORE
Ĕ I	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OF	LOCAT	ION				- 1	IOd. INSIDE CITY
	MARYLAND 10e. STREET AND NUMBER			BAI	_	10RE					VES 2 NO
FUNERAL	511 S. LONGWOOD STREET				101	ZIP CODE	2122	23	10g. CIT	U.S	.A.
5	11. MARITAL STATUS 1 Never Married 2 Married FORCES? 1 YES	IN U.S. ARI	MED	13. W	AS DEC	ENDENT C	F HISPAN	IIC ORIGIN? (Specify Yes	or No-	14. RACE -	- American Indian, White, etc.
B	1 Never Married 2 Married 3 Wildowed 4 Divorced 1 YES, GIVE WAR OR D	DATES	0			2X NO		n, Puerto Rican, etc.)		Specify	
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DEC	CEDENT'S	USUAL OCC	CUPATIO	ON of working		16b. KIND OF BUS	INESS/IN	DUSTRY	
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+) 12TH GRADE	life.	Do NOT US	e retired.)	mig mo	St OF WORRE	v	HOMEMAI	KING		
3	17. FATHER'S NAME (First, Middle, Last)					16 MOT	HED'S NAI	ME (First, Middle, Malden			
BE C	REE MAY REED MAY						AZEL	(UNKNOWN			
5	190. INFORMANT'S NAME (Type/Print) MR. HOWARD R. GOODRICH	19b						- REISTER			. 21136
	20e. METHOD OF DISPOSITION 1 🔀 Burlal 2 🗆 Cremation 3 🗆 Removal from State	metery, cren	natory or of	OF DISPOSIT						City or Tow	'
	4 Donetion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE	RESTI	LAWN	CEME		Y ND ADDRE	00.05.54		RRIO'	rtsvi	LLE
		m	ror	HU.	BBA	RD F	JNERA	AL HOME IN		(ODE	ND 01000
	23. PARTY Enter the diseases, or complications that cause	d the de	ath. Do n	1 4 1	be mo	MILKI	ing such	AVENUE - B.	ALTII	MUKE,	MD. 21229
	shock, or haart failure. List only one cause on a	each lina.			110 1110	aa bi ay	ing, acci	r ww cardiac or reapi	iatory ar	i dat,	intarval Between Onset and Death
	disease or condition	Nm	ona	ry	EV	mbo	lus	9.			1-2 hrs
z	- Sovere 1	Res	DENCE OF	din	~	Pu	ho	nary 1	ise	sse	10+475
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	A CONSEO	UENCE OF	Puh	4	20-1-1	u	Disec-			Inture
TIFIC	that initiated events	A CONSEO					0				10 7.2
H	resulting in death) LAST) 					~				
- 1	PART II. Other aignificant conditions contributing to death	but not re	esulting	in the und	eriving	n cause o	alven in	Part I. 24a. WAS AN	Alimpev	245.1	VERE AUTOPSY FINDINGS
EDICAL	Terminal degenerati					9 00000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	PERFOR		1	WAILABLE PRIOR TO
ă	Severe Osteo Dorost		CALA		-			1 [] YES 2	NO		OF DEATH?
Σ								_		1	YES 2 NO
Ž	Chronic Amal Fibr	11100	410								
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:			OTHER		ACE OF D	EATH (Che	eck only one)			
YSI	1 YES 2 NO 1 Inpetient 2 ER/Out	ipatient 3	□ DOA			e 5 🗆 Re	eldence	6 Other (Specify)			
BY PHYSICIAN.	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation		28b. TIM INJ	E OF COURTY	ec. INJ WO	PRK?] NO	28d. DEŞCRIBE HOW II	NJURY OC	CURED	
	3 Suicide 6 Could not be determined 28e. PLACE OF INJUR building, etc. (Spe	Y At hor	ne, farm, a	ntreet, factor	ry, offic	•		28f. LOCATION (Street a City or Town, State)	nd Numbe	r or Rural Ro	ute Number,
9	29a. CERTIFIER										
COMPLETED	(Check only one) 1 CERTIFYING PHYSICIAN: To the best of my known one) 2 MEDICAL EXAMINER: On the best of examination										end manner as stated.
띪	Die E Johnson MI	7				29c. LICI	95	BER 5 8	29d. DAT	E SIGNED (Month, Day, Year)
٩	Suite 205 Cutons ville Med	EATH (ITEN	27) (Type,		- ,	haid L	enc	40 ce L	W.	4	, ,
		NATURE	*	Þ	P(.)	1 (1-10	1. 212	-0		
	31. DATE FILED (Month) Doy 1994 Fina Davidson	-Alenda	M.								

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ALICE L. GLADDEN 4. SOCIAL SECURITY NUMBER 216-34-6362 1		REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO.		
4. SOCIAL SECURITY NUMBERS 216—34—6362 21 16—34—34—34—34—34—34—34—34—34—34—34—34—34—							MONTH DAY		
THE PARTY I CALLED UNITY THE CITY, TOWN ON LOCATION OF DEATH SOUTH TOWN ON LOCATION BALTIMORE SOUTH TOWN ON LOCATION SOUTH TOWN SOUTH TOWN ON LOCATION SOUTH TOWN ON LOCATIO	-1			s seen fant hirthromes	E IMPER 4 VEAR	NE LANDER AA MINE			+
THE COUNTY OF CRAIN ST. SACRIFY NAME (From Institution, plus street and number) 10 THE STREET AND HAMBERS 317 N. CALHOUN ST. ST. STREET AND HAMBERS 318 N. CALHOUN ST. ST. ST. STREET AND HAMBERS 319 Whome Institute of County MD BALTIMORE 11. WAS DECEMBERS IN ST. 12. WAS DECEMBERS IN ST. ST. ST. ST. ST. ST. ST. ST.							(Month, Day, Year)		Country)
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Widelings 1 Directed Directed Directed	뚭	MD							LIMITS?
Widelings 1 Directed Directed Directed	A	10e. STREET AND NUMBER			10	1. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
Specify 1	Ä								
Security		1 Never Married 2 Married	FORCES? 1 YES	2 🐼 NO	If yes, sp	ecify Cuban, Maxica	n, Puerto Rican, etc.)		
TEA. REFORMATIS NAME (TyperPrint) The INFORMATIS Name (TyperPrint) The I		(Specify only highest (Elementary/Secondary (0-12)	grade completed)	(Give kind of a life. Do NOT us	work done during mo se retired.)		16b. KIND OF BUS		
CLARENCE BEASLEY This. INFORMATIS NAME (3-par-9rist) This. MAILING ADDRESS (Street and Number or Paumi Roune Imades. City or Rown. State. 2p Code) DINAH BETHEA 3215 MONDAWMIN AVE. BALTIMORE, MD 200. PLACE AND DATE OF DISPOSITION (Number). City or Rown. State. 200. PLACE AND DATE OF DISPOSITION (Number). City or Town. State. 200. PLACE AND DATE OF DISPOSITION (Number). City or Town. State. 200. PLACE AND DATE OF DISPOSITION (Number). City or Town. State. 200. PLACE AND DATE OF DISPOSITION (Number). City or Town. State. 200. PLACE AND DATE OF DISPOSITION (Number). City or Town. State. 200. PLACE AND DATE OF DISPOSITION (Number). City or Town. State. 200. PLACE AND DATE OF DISPOSITION (Number). City or Town. State. 200. PLACE AND DATE OF DISPOSITION (Number). City or Town. State. 200. PLACE AND DATE OF DISPOSITION (Number). City or Town. State. 200. PLACE AND DATE OF DISPOSITION (Number). City or Town. State. 200. PLACE AND DATE OF DISPOSITION (Number). City or Town. State. 200. PLACE OF DISPOSITION (Number). City or Town. State. 200. PLACE OF DISPOSITION (Number). City or Town. State. 200. PLACE OF DISPOSITION (Number). City or Town. State. 200. PLACE OF DATE (And DATE of DISPOSITION (Number). City or Town. State. 200. PLACE OF DEATH (Check only one). City or Date of City of Date of City or Date of City or Date of City or Date of City of Date of City of Date of City or Date of City or Date of City of Date of City of Date of City of Date of City of Date of Cit	į	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NA	ME (First, Middle, Maiden S	Surname)	
DINAH BETHEA 3215 MONDAWNIN AVE. BALTIMORE, MD 20s. METHOD OF DISPOSITION 1 Quarter 2 Cremation 3 Ramoval from State 4 Donation 5 Other (Specify) 21. SIGNATURE OF PRINCIPLE SERVICE LICENSEE 22. NAME AND ADTEOF DISPOSITION/Informe of Control Co			SLEY			-			
204. METHOD OF DISPOSITION 1 Country of Composition 1 Country of Country 2 Country of Country 2 Country 3 Country 4									ie)
1. Part 2 Cremellon 3 Other (Specify)		204, METHOD OF DISPOSITION	20b. F						or Town, State
21. SIGNATURE OF PRINCE LICENSE 22. NAME AND ADDRESS OF FACILITY ESTEP BROTHERS FUNERAL HOME P.A. 13.00 EUTAW PLACE BALTIMORE, MD 2121 23. PART I. ENga-this diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, in Application and the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, in Application and the death of the mode of dying, such as cardiac or respiratory arrest, in Application and the death of the mode of dying, such as cardiac or respiratory arrest, in Application and the death of the mode of dying, such as cardiac or respiratory arrest, in Application and the death of the mode of dying, such as cardiac or respiratory arrest, in Application and the mode of dying, such as cardiac or respiratory arrest, in Application and the death of the mode of dying, such as cardiac or respiratory arrest, in Application and the mode of dying, such as cardiac or respiratory arrest, in Application and the mode of dying, such as cardiac or respiratory arrest, in Application and the mode of dying, such as cardiac or respiratory arrest, in Application and the mode of dying, such as cardiac or respiratory arrest, in Application and the mode of dying, such as cardiac or respiratory arrest, in Application and the mode of dying, such as cardiac or respiratory arrest, and the mode of dying, such as cardiac or respiratory arrest, and the mode of dying, such as cardiac or respiratory arrest, and application and the mode of dying, death occurred at the time, data and place, and due to the cause (a) and memor as stated. 22 CERTIFIER 1 CERTIFIER DY HYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause (a) and memor as a stated. 23 MEDICAL EXAMINER: On the basis of azaminstion and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause (a) and memor as a stated.									
23. PART I. ENIZE-the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, and shock, or heart failure. List only one cause on shach line. IMMEDIATE CAUSE (Final disease or condition as a consequence on): B. DUE TO (OR AS A CONSEQUENCE OF): B. DUE TO (OR AS A CONSEQUENCE OF): B. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE		21. SIGNATURE OF FUNERAL SERVICE	E LICENSEE				CILITY		
23. PART I. ENAL-tife diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, abode, or heart failure. List only one cause on sach line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evants resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUE		· (wal	alste	V					.A.
AMAILABE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1		ahock, or heart falls IMMEDIATE CAUSE (Final disease or condition	a. A Para Barbara	ch line.	chonce	EUTAW PI	LACE BALTIM	MORE, N	Approximati
Accident investigation 3 Sulcide 4 Homicide 6 Could not be detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, dasth occurred at the time, data and place, and due to the cause(a) and menor as stated.		shock, or heart falls IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evants resulting in death) LAST	a. DUE TO (OR AS A O	CONSEQUENCE OF	not enter the mo	and of dying, such	has cardiac or reapir	Cocce	Approximatinterval Bat Onset and I
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2 Accident investigation 3 Suicide 6 Could not be building, etc. (Specify) 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menor as stated.	MEDICAL	shock, or heart felic IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evants resulting in death) LAST PART II. Other aignificant cond	a. DUE TO (OR AS A C d. DUE TO death bu	CONSEQUENCE OF	in the underlyin	ode of dying, such	Part I. 24a. WAS AN PERFORI	AUTOPSY MED?	Approximate interval Bate Onset and E Onse
3 Suicide 4 Homicide 5 Could not be detarmined 29a. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, dasth occurred at the time, data and place, and due to the cause(a) and menner as stated. 29a. MEDICAL EXAMINER: On the best of my knowledge, dasth occurred at the time, data and place, and due to the cause(a) and menner as stated. 29b. MEDICAL EXAMINER: On the best of my knowledge, dasth occurred at the time, data and place, and due to the cause(a) and man are discovered at the time, data and place, and due to the cause(a) and man are discovered at the time, data and place, and due to the cause(a) and man are discovered at the time, data and place, and due to the cause(a) and man are discovered at the time, data and place, and due to the cause(a) and man are discovered at the time, data and place, and due to the cause(a) and man are discovered at the time, data and place, and due to the cause(a) and man are discovered at the time, data and place, and due to the cause(a) and man are discovered at the time, data and place, and due to the cause(a) and man are discovered at the time, data and place, and due to the cause(a) and man are discovered at the time, data and place, and due to the cause(a) and man are discovered at the time, data and place, and due to the cause(a) and man are discovered at the time, data and place, and due to the cause(a) and man are discovered at the time, data and place, and due to the cause(a) and man are discovered at the time, data and place, and due to the cause(a) and man are discovered at the time, data and place, and due to the cause(a) and man are discovered at the time, data and place, and due to the cause(a) and man are discovered at the time, data and place, and due to the cause(a) and man are discovered at the time, data and place, and due to the cause(a) and due to the cause(a) and due to the cause(a) are discovered at the time, data and place, and due to the caus	MEDICAL	shock, or heart felic IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evants resulting in death) LAST PART II. Other aignificant cond 25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 YES 2 NO	a. DUE TO (OR AS A C. DUE TO (OR	CONSEQUENCE OF	in the underlyin	g cause given in	Part I. 24a, WAS AN / PERFORI 1 YES 2	AUTOPSY MED?	Approximatinterval Bat Onset and I Onset and I 24b. WERE AUTOPSY FINE AMILABLE PRIOR TO COMPLETION OF CAI OF DEATH?
296. LICENSIA NUMBER 29d. DATE SIGNED (MAININ, D	PHYSICIAN: MEDICAL	ahock, or haert faling immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evants resulting in death) 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	DUE TO (OR AS A CONTINUED TO	CONSEQUENCE OF CONSEQ	in the underlyin 26. P OTHER: 4 Nursing Hon BE OF 28c. IN. WW.	ode of dying, such	Part I. 24a. WAS AN / PERFORI 1 YES 2	AUTOPSY MED?	24b. WERE AUTOPSY FINI AWAILABLE PRIOR TO COMPLETION OF CA OF DEATH? 1 YES 2 NO
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	ED BY PHYSICIAN: MEDICAL	ahock, or haert falit IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evants resulting in death) LAST PART II. Other aignificant cond 25. WAS CASE REFERRED TO MEDICE EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending 1 Investigat 2 Accident 3 Suicide 6 Could no detarmine 29a. CERTIFIER (Check only 1 CERTIFYING P	a. DUE TO (OR AS A C. DUE TO (OR	CONSEQUENCE OF CONSEQ	in the underlyin 26. P OTHER: 4 Nursing Hon RE OF 28c. IN. YURY M 1 street, factory, officered at the time, date	g cause given in LACE OF DEATH (Ch. JURY AT J	Part I. 24a. WAS AN / PERFORI 1 YES 2 Cock only one) B Other (Specify) 28d. DESCRIBE HOW IN Crity or Town, State)	AUTOPSY MED? JURY OCCUR!	24b. WERE AUTOPSY FINE AMILABLE PRIOR TO COMPLETION OF CAI OF DEATH? 1 YES 2 NO
10. NAME AND ALCRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Single Print)	COMPLETED BY PHYSICIAN: MEDICAL	ahock, or haert falit IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evants resulting in death) LAST PART II. Other aignificant cond 25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 YES 2 700 27. MANNER OF DEATH 1 Natural 5 Pending investigat 3 Suicide 6 Could no detarmine 29a. CERTIFIER (Check only one) 2 MEDICAL EXA	DUE TO (OR AS A C. DUE TO	CONSEQUENCE OF CONSEQ	in the underlyin 26. P OTHER: 4 Nursing Hon RE OF 28c. IN. YURY M 1 street, factory, officered at the time, date	eg cause given in LACE OF DEATH (Ch TORK? YES 2 NO TORK TORK AT ORK TORK TORK AT ORK TORK TORK AT ORK TORK TORK AT ORK TORK	Part I. 24e. WAS AN / PERFORI 1 YES 2 eck only one) 8 Other (Specify) 28d. DESCRIBE HOW IN City or Town, State)	AUTOPSY MED? J-NO NJURY OCCURI and Number or F	24b. WERE AUTOPSY FIND AMILABLE PRIOR TO COMPLETION OF CAL OF DEATH? 1 YES 2 NO
The state of the s	BE COMPLETED BY PHYSICIAN: MEDICAL	ahock, or haert falit IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evants resulting in death) LAST PART II. Other aignificant cond 25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 YES 2 700 27. MANNER OF DEATH 1 Natural 5 Pending investigat 3 Suicide 6 Could no detarmine 29a. CERTIFIER (Check only one) 2 MEDICAL EXA	DUE TO (OR AS A C. DUE TO	CONSEQUENCE OF CONSEQ	in the underlying 26. P OTHER: A D Nursing Hon AE OF JURY M 1 street, factory, office red at the time, date on, in my opinion, of	g cause given in LACE OF DEATH (Ch ne 5 Residence JURY AT ORK? YES 2 NO re a end place, and due death occured at the	Part I. 24a. WAS AN / PERFORI 1 YES 2 eck only one) 8 Other (Specify) 28d. DESCRIBE HOW IN City or Town, State)	AUTOPSY MED? J-NO NJURY OCCURI and Number or F	Approximate interval Bate Onset and E Onse

blh ITEM: 7. PER F.H. FILM G-712 6/21/94 t.t ITEMS: 2. & 29d, PER MEO FILM G-712 6/21/94 t.t

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

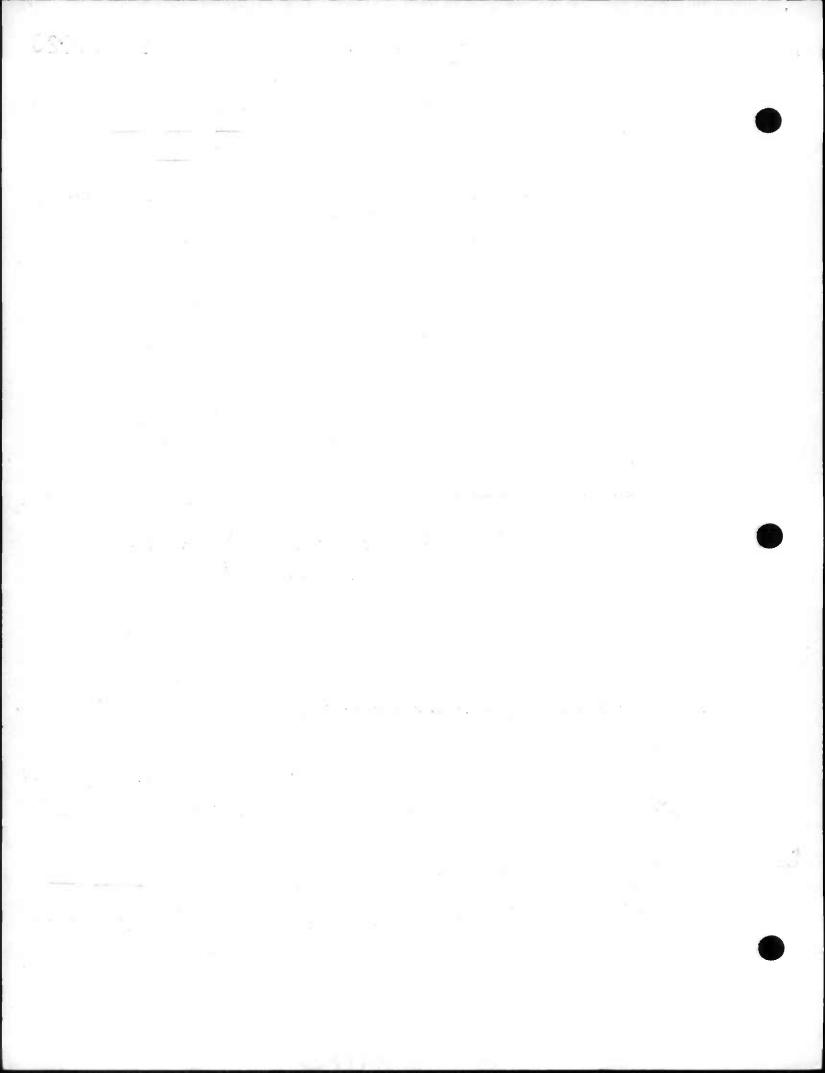
	REGISTRAR		CERTIF	ICATE O	F DEATH	REG. I	VO.		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF OEATH		1994 VEAR	3. TIME OF DEATH
1 1	Mary	Gadsor	1					99	1235
			(In yrs. last birthday)	IF UNDER 1 YEA	R IF UNDER 24 HRS.	4		8. BIRTH	PLACE (State or Foreign
	251 25 6725	1 M 2 XF 34	/ YRS.	MONTHS DAY	'S HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year Dec. 2,	1057	Country	
	251-25-6725 9a. FACILITY NAME (If not institution, give stre		1	95 CITY TOW	/N OR LOCATION OF DE			TY OF D	th Carolin
œ					in on Lookingh of Di	2011	St. 000h	III OF D	EATH
6 1	7878 V Tall P	ines Court	-	Gler	<u> Burnie</u>		<u> </u>	ne	Arundel
E I	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LO	CATION				10d. INSIDE CITY
DIRECTOR	Maryland Anne A	Arundel		Glen Bu	irnio			- 1	LIMITS?
- 1	10e. STREET AND NUMBER	AL UTIGET		Tell bu	10f, ZIP CODE		10a CITI	ZEN OE W	HAT COUNTRY?
2	7070 Mall Ding Co.	17 Jan 17		ľ					
FUNERAL	7878 Tall Pine Col	UEU ADU. K. 12. WAS DECEDENT EVER II	MILE ARMED	42 4800	21061 DECENDENT OF HISPAN				States
립	1 Never Married 2 Married	FORCES? 1 TYES	2 XNO	If yes,	, specify Cuban, Maxice	n, Puarto Rican, etc.)		14. RACE Black	- American Indian, White, atc.
B	3 Widowed 4 Diverced	IF YES, GIVE WAR OR D	DATES	1 0 1	rES 2 NO Specify	<i>r</i> :		Spech	^{y:} Black
	15. DECEDENT'S EDUCA	TION	16a. DECEDENT'S	LISUAL OCCUP	ATION	T 464 KIND OF	BUSINESS/IND	HATRY	
	(Specify only highest grade co	ompleted)	(Give kind of life. Do NOT us	work done during	most of working	100. KIND OF	BOSINESS/IND	USINY	
2	12 yrs.	College (1-4 or 5+)	Chickom	aw Mana	+	Com	4		
COMPLET	17. FATHER'S NAME (First, Middle, Last)		Custom	ET MOUI			urity		
- 1	The second secon					ME (First, Middle, Mak			
BE	Nathan Gadson					ria Evans			
2	19a. INFORMANT'S NAME (Type/Print)				et and Number or Rural I				
	LaTonya Gadson		7878	Tall Pi	nes Court	Glen Bur	nie, N	ID 2:	1061
	20a. METHOD OF DISPOSITION 1 Burial 2 □ Cremalion 3 □ Ramov	ral from Stale	b. PLACE AND DATE	OF DISPOSITION	(Name of		LOCATION —		
	4 Donellon 5 Dother (Specify)	Hi	netery, crematory or o uspha Cei	metery		Be	eaufort	, S.	. Carolin
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSE			AND ADDRESS OF FA				
	1 James 1	1. 0			cley-Ruddi				
	23. PART i. Enter the diseeses, or con			421	Crain Hwy	. S.E. G	<u>Len Bur</u>	nie	<u>, MD 2106</u>
ERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	A CONSEQUENCE O	F): 1	thurps ex of B	ed			
MEDICAL C	PART II. Other significent conditions DID TOBACCO USE CO					PERI 1 YES	AN AUTOPSY FORMED?	24b.	WERE AUTOPSY FIND AMILABLE PRIOR TO COMPLETION OF CAU OF DEATH? YES 2 NO
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			PLACE OF DEATH (Ch	ack only one)			
XS	1 XYES 2 NO	1 - Inpatient 2 - ER/Outp	petient 3 🗆 DOA	OTHER: 4 Nursing F	Iome Kasidenca	6 Other (Specify)			
표	27. MANNER OF DEATH	28e. DATE OF INJURY (Mog(p _e -Day, Year)	28b. TIM	E OF 28c.	INJURY AT WORK?	284. DESCRIBE HO	W INJURY OCC	URED	. /
<u> </u>	1 Natural 5 Pending 2 Accident Investigation	6/5/94	1/23		YES 2 NO	JUDIES	18/2/	hed	al beat
- 1	3 Suicide 6 Could not be	28a. PLACE OF INJURY building, atc. (Spec	cifv) 1	-	ffice	281. LOCATION (Stre		or Rural R	oute Number,
ן כ	4 Homicide determined		Hom	E		7878	TAL	LPI	Ne. 17
in I				-				7.5	
ш	29e. CERTIFIER 1 CERTIFYING PHYSICIA	AN: To the best of my know	riedge, death occurs	ed at the time	late and place, and due	to the councies and	mannes ac sact	s.d	7-5 2
MPLETED	(Check only								and memory and
in I	(Check only 1 CENTIFYING PHYSICIA	AN: To the best of my know On the besis of examination							and manner as state
TO BE COMPLETED	(Check only	On the basis of examination	on and/or investigation	n, In my opinion		Ilme, data and place,	and due to the	cause(a)	(Month, Day, Year)

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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TO BE COMP	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
i examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
he funeral director, page 5 should be detached val.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the aftending physician and completely filled in by the funeral director, page 5 should be detached be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
er death. Page 6 may be retained by the hosp	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with fours after death. Page 6 may be retained by the hosp

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF				MEN	ITAL HYGIEN	E			
	1. DECEDENT'S NAME (First, Middle, Last) MARY LOWLSE	Getche	//				2. C	DATE OF DEATH	 X	94	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER		In yrs. lest birthday)	IF UNDER 1	YEAR	IF UNDER 24 HRS.	7. D	ATE OF BIRTH		A. BIRTH	IPLACE (State or Foreign	
	511-40-9697	1 □ M 2XXF	73 YRS.	MONTHS	DAYS	HOURS MIN.	5	Month, Day, Year) 9	21	Ba1	to.,Md.	
	9e. FACILITY NAME (If not institution, give s	treet end number)		9b. CITY,	TOWN OR	LOCATION OF D			_	NTY OF D		
DIRECTOR	Stella Maris N	ursing Home	e	Tow	son	1			Ba1	ltim	ore	
3EC	10e. STATE 10b. COUNT	Y	10c. CIT	Y, TOWN OF	R LOCATIO	ON	_				10d. INSIDE CITY	
		timore	To	wson	ı						LIMITS? 1 YES Y NO	
FUNERAL	100. STREET AND NUMBER 2300 Dulaney	ZIP CODE 21204		-	VHAT COUNTRY?							
N N	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMED	13. W	AS DECE		NIC OF	RIGIN? (Specify Yes		3 . A .	— American Indian.	
ВУ F	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES	2 NO		yes, spec	eity Cuban, Mexic		erio Rican, etc.)		Black Speci	k, White, etc.	
		Army		<u> </u>							ite	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade		16a. DECEDENT'S (Give kind of a life. Do NOT us	work done du				16b. KIND OF BUS	SINESS/INC	DUSTRY		
占	Elementery/Secondary (0-12)	College (1-4 or 5+)	Nurse	· ·				Medic	a 1			
MC	17. FATHER'S NAME (First, Middle, Last)	<u> </u>	Nulse			18 MOTHER'S N	AME /E	irst, Middle, Maiden				
	Chester Getch	e11						na Lyn				
BE (19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	AOORESS	(Street and					Code o	01 4101	
5	Cassia Parson	, Atty.	201	N. C	Char	les S	t.,	SUite	1702	2, Ba	01-4121 1to.,Md.	
	20e. METHOD OF DISPOSITION X Source: 2 Cremetion 3 Rem		PLACE ANO DATE	OF DISPOSIT		-	-	7	CATION —			
	4 Donation 5 Other (Specify)	C:	arrigon	FOR					Owir	ngs	Mills,Md.	
	21. SIGNATURE OF FUNERAL SERVICE LIC	Edison M	.Perkin	S 22. N	AME AND	ADDRESS OF F	ACILITY	n Funo	v - 1	How	e, ² 1222	
	- Edwar M	\ 1 .	00083		34	WILLO	w S	Spring	Rd.	Bal	to., Md.	
	23. PART i. Enter the diseases, or ehock, or heart feiture	complications that caused List only one cause on ea	the death. Do r	not enter t	the mod	e of dying, su	ch es	cerdiac or respi	ratory en	reat,	Approximate	
	immediate cause (Finel disease or condition reculting in death) . UTER (NE CANCER											
	DUE TO (OR AS A CONSEQUENCE OF):											
8 0	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	if any, leeding to immediate cause. Enter UNDERLYING			,							İ	
Ĕ	CAUSE (Disease or Injury thet initiated evente	OUE TO (OR AS A	CONSEQUENCE OF	F):								
	resulting in deeth) LAST	d										
	PART II. Other significent condition	ne contributing to death b	ut not recuiting	in the und	deriving	ceuse given in	Part	i. 24e. WAS AN	AUTOPSY	24h	. WERE AUTOPSY FINDINGS	
PHYSICIAN: MEDICAL						5		PERFOR	MEO?	1	AVAILABLE PRIOR TO COMPLETION OF CAUSE	
밀								1 TES	Z NO		OF OEATH?	
2 7											TES ZENO	
M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					CE OF DEATH (C	heck on	ily one)				
SIC	1 TES 2 DO	HOSPITAL: 1 Inpatient 2 ER/Outp	atlent 3 DOA	Nursi	: ng Home	5 Residence	8 🗆	Other (Specify)				
E	27 MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 2	28c. INJUI		28d.	DESCRIBE HOW II	JURY OC	CURED		
B	1 Natural 5 Pending 2 Accident Investigation			М		S 2 NO						
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, atc. (Speci	— At home, ferm, a	ntreet, factor	ry, office		28f.	LOCATION (Street a City or Town, State)	nd Number	r or Rural F	Route Number,	
9	290. CERTIFIER	IZMAN T- O- A- T- O-	THE SHOPPING									
COMPLETED	(Check only	ICIAN: To the beat of my knowless: On the beels of examination) and manner or stated	
- Protoull ner mo										(Month, Day, Year)		
임	30. NAME AND ADDRESS OF PERSON WH	O COMPLETEO CAUSE OF OE	ATH (ITEM 27) (Type	Print)		<u> </u>	- 1.			/	/ 11	
	Kendall Faulkner	, MD 2300 D	ulaney V		y Rd	. Tows	on	MD 2120)4			
	31. DATE JUNION DO 1994	32 REGISTRAR'S SIGNA Funa Davidson	ATURE - APPL - A					212(- 1			
	1111		ST. MAIN									

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Cert	ding	Hygi	10 1
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. Flours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - FOR STATE REGISTRAR	OF MARYLAND / DEPARTM	ENT OF HEALTH AND M	ENTAL HYGIENE REG. NO.	
- 7	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATN	3. TIME OF DEATN
- 1	Lillian Lorraine G	ottschalk		June 3	94 3:50 P.M
	4. SOCIAL SECURITY NUMBER 5. SEX	8. AGE (In yrs. last birthday) IF U		7. DATE OF BIRTN	8. BIRTNPLACE (State or Foreign
(1)	214-12-0774 1 N a	₹ 70 YRS. MON	THE DAYS HOURS MIN.	(Month, Day, Year) August 7,192	Country) 23 Maryland
	9a. FACILITY NAME (If not institution, give street end num		CITY, TOWN OR LOCATION OF DEAT		OUNTY OF DEATH
DIRECTOR	Meridian Multi Medi	cal	Towson		Balto.
<u> </u>	10e. STATE 10b. COUNTY	10c. CITY, TO	WN OR LOCATION	-	10d. INSIDE CITY
告	Maryland Ba	lto.	Towson		LIMITS?
4	10e. STREET AND NUMBER		101. ZIP CODE	10g. C	ITIZEN OF WNAT COUNTRY?
FUNERAL	205 East Joppa Rd		21286		U.S.A.
S	11. MARITAL STATUS 12. WAS I	DECEDENT EVER IN U.S. ARMED	13. WAS DECENDENT OF NISPANIO	ORIGIN? (Specify Yea or No-	14. RACE — American Indian.
ВУ Б	1 Never Merried 2 Married FORC	ES? 1 TYES 2 MO S, GIVE WAR OR DATES	If yes, specify Cuben, Mexican, 1 YES 2 NO Specify	Puarto Rican, atc.)	Black, White, atc. Specify:
			**		White
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	18a. DECEDENT'S USU/ (Give kind of work of	lone during most of working	166. KIND OF BUSINESS/I	INDUSTRY
7	parameter and the country of the cou	(1-4 or 5+) life, Do NOT use retir			
M	12 17. FATHER'S NAME (First, Middle, Last)	Recepti			Services
			18. MOTHER'S NAMI	E (First, Middle, Malden Sumame,)
BE	Richard Kirchner 19a. INFORMANT'S NAME (Type/Print)	40. 444 000 400		e Bridges	
2			RESS (Street end Number or Rural Ro		
	Mary L. Cashour	20b. PLACE AND DATE OF DIS	cPhail Ct. Be		— City or Town, Stata
	1 Burlet 2 Cremation 3 Removal from 5 4 Donation 5 Other (Specify) En Lomb	State cemetery, cramatory or other p	lace)	1	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	Parkwood V	ausoleum 6/6/ 22. NAME AND ADDRESS OF FACIL) . Ma .
	> (Swelch & Alech	7 W		1050 York R	
	23. PART I. Enter the diseases, Dr complicati	one that several the death. Do not a	Ruck Towson Fu		
	shock, or heart feiture. List only	Dne cause on each line.			Approximate Interval Between Onset and Death
	IMMEDIATE CAUSE (Finel disease or condition	startation	Renal (avei	num a	EAU IOVA
	resulting in death) e. IV	DUE TO (OR AS A CONSEQUENCE OF):	1001		1047
z	C b.				
E	Sequentielly liet conditions, if eny, laeding to immediate	DUE TO (OR AS A CONSEQUENCE OF):			
2	cause. Enter UNDERLYING CAUSE (Disease or injury				
Ë	that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF):			
CERTIFICATION	d,				
AL	PART ii. Other eignificent conditions contribu	iting to death but not reaulting in th	e underlying cause givan in Pa	art i. 24s. WAS AN AUTOPS	
20				1 YES 1 MO	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDIC				0	1 TYES 2 NO
ž	DID TOBACCO USE CONTI	RIBUTE TO CAUSE OF D	EATH YES NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		28. PLACE OF DEATH (Chec	k only one)	
YSI	1 Tes 2 To 1 Inpat		HER: Nursing Nome 5 ☐ Residence 6	Other (Specify)	
표		DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY	WORK?	28d. DESCRIBE NOW INJURY O	OCCURED
B	2 Accident Investigation		M 1 YES 2 NO		
	3 Suicide 8 Could not be 4 Nomicide determined	PLACE OF INJURY — At home, ferm, street building, etc. (Specify)	, factory, office	281. LOCATION (Street and Numb City or Town, State)	ber or Rural Route Number,
COMPLETED	29e. CERTIFIER				
MP	(Check only	e beat of my knowledge, death occurred at			
8	// // //	eals of examination and/or investigation, in	my opinion, death occured at the th	me, data and place, and due to	the cause(s) and manner as stated.
BE	296. SIGNATURE AND VITLE OF SERTIFIER		29c. LICENSE NUMB	29d. D.	ATE SIGNED (Month, Day, Year)
2	20 NAME AND ADDRESS OF THE STATE OF THE STAT	TO OUR OF DAILY	NIGL	10	6-0-19
-	30. NAME AND ADDRESS OF PERSON WHO COMPLE			204	
	Robert E. Stoner M.D 31. DATE FILED (Month, Day, Year) 32. R	. 120 Sister P	ierre Dr. 21:	204	
		anden-Rendell			
	0011001001				

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCIENE

	1 - STATE REGISTRAR			ICATE				REG. NO				
	1. DECEDENT'S NAME (First, Middle, Lest) MARY		NNA MMA				2. DATE OF MONTH	DEATH		9 ^{YE} 4 ^R	3. TIME OF DE 2:43	Атн А м
	212-46-8452	□ M 2 KJF	(In yrs. leat birthday) 63 YRS.		YEAR IF UN	DER 24 HRS.	7. DATE OF	BIRTH 5,1	930	S. BIRTH	PLACE (State or CAROL	Foreign INA
TOR	99. FACILITY NAME (If not institution, give street 829 BROOKS LANE				TIMOF				9c. COL	n/a		
DIRECTOR	100. STATE 10b. COUNTY MARYLAND n	/ a	10c. C	TY, TOWN OR							10d. INSIDE CI LIMITS?	
	10e. STREET AND NUMBER	<u> </u>		DAL	T I MOF				X X YES 2 □ NO WHAT COUNTRY?			
FUNERAL	829 BROOKS	SLANE				217			1 "	ITED		- 1
B	11. MARITAL STATUS 12 1	. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR (2 X NO	If y	S DECENDEN es, specify C YES 2 1	uban, Mexic	NIC ORIGIN? (en, Puerto Ric fy:	(Specify Yes	s or No—	14. RACI Black Spec	E — American In k, White, etc. ify:	dien,
TED	15. DECEDENT'S EDUCATE (Specify only highest grade com	ON poleted)	16a, DECEDENT'S	work done duri	UPATION ing most of we	orking	18b. K	IND OF BU	SINESS/IN	OUSTRY		
PLE	Elementary/Secondary (0-12) C	ollege (1-4 or 5+)	iile. Do NOT	nplaye	d			n/a				- 6
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	HAW	wire,	10) 6		OTHER'S NA	AME (First, Mid					
TO BE	199. INFORMANT'S NAME (Type/Print) ROBERT HAI	N N A	19b. MAILIN	G ADORESS (S	ORD	AVE	, BALT	City or Tow IMOR	m, State, Zi	p Code)	1001	
	29a. METHOD OF DISPOSITION 1 Decrete 2 Cremetion 3 Removal 4 Donation 5 Other (Specify)	from State 20	b.PLACE AND DATE	OF DISPOSITION	A L P	ARK	OATE	20c. LC R A	NDAI	City or To	OWN,	MD
	21. SIGNATURE OF FUNERAL SERVICE LICENS	Blolls	and		ME AND ADD			Н1	101	Ε.	NORTI	H AVE
DICAL CERTIFICATION	23 ART I. Enter the dieceses, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiretory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in deeth)											
ME	PERFORMED? 1 YES XXNO DF									A/AILABLE PRIO COMPLETION DI DF DEATH?	F CAUSE	
AN	25. WAS CASE REFERRED TO MEDICAL	INIKIBUTE TO	CAUSE OF		•		heck anly one)					
SIC	EXAMINER?	OSPITAL:	petient 3 🗆 DOA	OTHER:			6 C Other (S	Specify)				
PHYSICIAN:	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TI		c, INJURY AT	-	28d. OESCI		INJURY OC	CURED		
BY	XX Natural 5 Pending 2 Accident Investigation	20. 01.405.05.01.00			1 YES	2 NO						
ETED	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, etc. (Spe	Y — At home, farm, ecify)	street, fectory	, office		281. LOCATION (Street and Number or Rural Route Number, City or Yown, State)					
COMPLETE	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN (MEDICAL EXAMINER: O	to the best of my known the basis of examination									s) and manner as	atated.
BE C	250. SACHATURE AND TITLE OF CERTIFIER	CX no			29c. I	ICENSE NU	MBER		29d. DAT	TE SIGNEO	(Month, Day, You	r)
10	30. NAME AND ADDRESS OF PERSON WHO CO	Mill	- ATL 4		0	.C.M	. E		J	UNE	5,199	4
	Margarita Korell	M.D.	lll Pen	n Str	eet,	Bal	timor	e, N	ary	land	2120	1
	31. OATE FILED (MONTH Day, 1681) 1994	32. RESIDENAR DES	Mort- Hand	M.								

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The Law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH BEG NO.

					ICATE	- 01	DEAL		P	IEG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF	DEATH DA	Y	YEAR	3. TIME O	F DEATH
	HAZEL	·	CHBERG						06 07 94 7:40					
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. I		IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF I (Month, Da			Count	IPLACE (Sta	-
	219-12-8811	1 🗌 M 2 🏋	87	YRS.								MA	ŔYLA	ND
œ	9a. FACILITY NAME (If not institution, give st		NIME C				OR LOCATIO					JATTO		DET
DIRECTOR	FAIRFIELD NUR	SING CE	NTER		L(CRO	WNSV		단		Al	ME	ARUN	DEL
EC	10a. STATE 10b. COUNTY	1		10c. CIT	Y, TOWN C	OR LOCAT	TION						10d. INSID	E CITY
PHO	MARYLAND AN	NE ARUN	DEL				ICUM	I					LIMIT	2X NO
	10e. STREET AND NUMBER				101. ZIP CODE						10g. CITIZEN OF WHAT COUNTRY?			
FUNERAL	447 KINGWOOD	ROAD					210	90			-	S.A		
5	11. MARITAL STATUS	12. WAS DECEDEN			13. 1	WAS DEC	ENDENT O	F HISPAN	IC ORIGIN? (S	pecify Yea	or No-	14. RAC	E — America	n Indien.
ВУ Р	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE W	YES 2 X	ио			ecify Cuba 2 X NO		, Puarto Ricar	n, atc.)				
11							ZE					W	HITE	
E	15. DECEDENT'S EDUC (Specify only highest grade		1	Give kind of	work rione i	CCUPATIO	ON ast of workin	g	16b. KIN	D OF BUS	INESS/IN	DUSTRY		
٦	Elementary/Secondary (0-12)	College (1-4 or 5	-1	EAMST		c			CTO	TIT	TC N	7 7 TT (7 T	ᄗᄭᄼᄞ	URING
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		J SE	ן פוזעי	I/LIO							יראדו חי	MCT	OVING
		\ \\							AE (First, Middl					
BE	REUBEN MCQUA 19a, INFORMANT'S NAME (Type/Print)	71		Db 110" "	4000000			NNIE		ORRI				
2		SHIELDS							cute Number, C				1000	
								ו–תי		_				
	20s. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Removal from State 4 Donellon 5 Other specify) 20b. PLACE AND DATE OF DISPOSITION (Name of CREMATORY, INC. 6/8 CATONSVILLE, MD.													
	21. SIGNATURE OF FUNDAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY													
												1061 MD.		
	23. PART i. Entar the diseases, or c	omplications tha	t caused tha d	leath. Do i	net antar	the mo	da of dyi	ng, auch	as cardiac	ог геаріі	ratory ar	rest,	App	roximata
	23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition)													
	disease or condition reaulting in death)													
	DUE TO (OF ASA DONS DURNICE PE)													
z	Sequentially list conditions (b. / NEWIGION)													
E	Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):													
2	CAUSE (Disease or Injury													
	that initiated events DUE TO (OR AS A CONSEQUENCE OF): reaulting in death) LAST													
CERTIFICATION	d													
	PART ii. Other significant conditions	a contributing to	death but not	rasuiting	in the un	deriying	g cause g	iven in F	Part i. 24a	WAS AN		24b	WERE AUTO	PSY FINDINGS
EDICAL										PERFOR				N OF CAUSE
									_ ' '] 1E3 2	Z) NO		OF DEATH?	
<u></u>									-				N/	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL					26. PL	ACE OF DE	EATH (Chec	ck only one)				T// 7	
ž I	EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatient	3 DOA	OTHER 4 K-Nurs	R:			Other (Sp	ecify)		-		
동	27. MANNER OF DEATH	26a. DATE OF (Month, D.		28b. TIM	E OF	28c, INJ	URY AT		28d. DESCRIE		JURY OC	CURED		
ВУБ	Natural 5 Pending Accident Investigation	(Monat, D	ay, roary	INJ	URY M	1 🗌 1	RK? res 2 _	NO						
- 11	3 Suicide 6 Could not be	26e. PLACE O	F INJURY — At h	ome, ferm,	Ireat, facto	ory, office	,	\dashv	28f. LOCATIO	N (Street a	nd Numbe	r or Rural I	loute Number	r.
COMPLETED	4 Homicide determined	warrenry,	=-o- (openiy)						City or To	wn, State)				
ן ב	29a. CERTIFIER (Check only	CIAN: To the best of	my knowledge, d	leath occurr	ed at the ti	me, date	and place	and due	the cause's	and man	ner en et-	ted	=	
Š I	one) 2 MEDICAL EXAMINER) and manne	r se stated
	29b. SIGNATURE AND TITLE OF CERTIFIER						200 1100	NCE AUDIO	DED .	,				
띪	4 ocul	20 1	WID	7 .			D-	- JUN	でくつ	8	29d. DAT	-	(Month, Day,)4
일	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUS	SE OF DEATH (IT	EM 27) (Tros	Print)		U		- 30		- 0	5 (7-1
		M.D.				VEN	IUE-I	BALT	INOR	E, MD				
	31. DATE FILED MON PLY 100		R'S SIGNASTIFIE										_	
	1934 B 1191	anus Dan	many forms											

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within and mounts after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Detri of Health and Alertal Huntane prior to handle premation or removal
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once,

	1 - FOR STATE REGISTRAR	TATE OF MARYLAND	/ DEPARTM			MENTAL HYGIE					
	1. DECEDENT'S NAME (First, Middle, Last) MARK	HALVERS	on			2. DATE OF DEATH MONTH JUNE		YEAR 3. T	IME OF DEATH		
	-0 2 0 2 1 / 1 /	M2□F 32		UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	961	BIRTHPLAC Country) Michi	CE (State or Foreign		
TOR	99. FACILITY NAME (If not institution, give street an The Good Samarit	*			TIMORE		9c. COUNT	Y OF DEATH	ORE		
DIRECTOR	100. STATE 10b. COUNTY Maryland		10c. CITY, TOWN OR LOCATION Baltimore					10d. INSIDE CI LIMITS? 1 X YES 2			
FUNERAL	10e STREET AND NUMBER 3733 Gibbons Ave	nue		101.	21206			10g. CITIZEN OF WHAT COUNTRY? United States			
BY FUN	11. MARITAL STATUS 1 X Never Merried 2 Merried 1 Videward 4 Dispared	was decedent ever in u.s. a orces? 1 × yes 2 = 1 yes, give war or dates 1980 - 1985		If yee, spe	ENDENT OF HISPAN	IIC ORIGIN? (Specify n, Puerto Rican, atc.)	Yes or No — 14	14. RACE — American Indian, Black, White, etc. Specify: White			
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade comple	BUSINESS/INDUS									
MPL	1 2	ege (1-4 or 5+)	staura	int Ma			Employ	/ed			
BE CC	Milton E. Halve				Carl	ME (First, Middle, Maid a Lee E	dgerle				
5	Mr. Robert D. Go					nue Baltin			6		
	20e. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Removal fro 4 Donetion 5 Other (Specify)	om State cemetery, co	rematory or other	place)		DATE 20c.	ckford				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Marlo T- Ru	Mark T. Zavo	oyna	22. NAME AN	D ADDRESS OF FA						
	23. PART I. Enter the disesses, or compliance, or heart failure. List of	icstions that caused the d	leath. Do not	snter tha mod	de of dying, suci	h aa cardisc or re	apiratory srres	it,	Approximats interval Batween Onset and Death		
	immediate cause (Finel disease or condition resulting in death) a. MENING(TIS - CMV) DUE TO (OR AS A CONSEQUENCE OF):										
NO	Sequentially list conditions, b. ADS										
CAT	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that fall leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that fall leading areas of the cause of th										
CERTIFICATION	that initiated evants reaulting in death) LAST	DOE TO (OR AS A CONSI	EUUENCE OF):								
AL	PART II. Other significant conditions confi	tributing to death but not	raaulting in t	he underlying	cause given in	PERF	AN AUTOPSY ORMED?	AVAI	RE AUTOPSY FINDINGS ILABLE PRIOR TO IPLETION OF CAUSE		
: MEDIC						1 LYYES	2 NO	100	DEATH? YES 2 DANO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	SPITAL:	0	28. PL	ACE OF DEATH (Che	eck only one)					
HYS		Inpatient 2 ER/Outpatient 28e. DATE OF INJURY (Month, Day, Year)		Nursing Home F 28c. INJU	JRY AT	8 Other (Specify) 28d. DESCRIBE HOV	W INJURY OCCUI	RED			
BY	1 Natural 5 Pending 2 Accident Investigation 3 Suicide e Could set by	28e. PLACE OF INJURY — At h		M 1 🗆 Y	ES 2 NO	28f. LOCATION (Stre	et and Number or	Burel Boute	Number		
ETEC	4 Homicide datermined	building, etc. (Specify)				City or Town, Sta	rfe)				
COMPLETED	(Check only one) 296. CERTIFYING PHYSICIAN: 1 CERTIFYING PHYSICIAN: 1 MEDICAL EXAMINER: On to								l menner ee atated.		
BE	294 SIGNATURE AND TITLE OF CENTIFIER	MD.			P 761	IBER		SIGNED (Mon	7 9 4		
70	30. NAME AND RODRESS OF PERSON WHO COM	Saw . Hoy	EM 27) (Type, Pri	och Re	aven Bl	ud Balt	muzs	40 21	233		
	31. DATE FILED (1) Non (1) 1994	32. REGISTRATUS SIGNATURE	artalle								

8501, ...

BALTIMORE, MARYLAND 21215-0020	L DR ATTENDING PHYSICIAN: The law requires that the death contificate be executed within Landours after death, Page 6 may be retained by the hospital or attending physicis
BAL	ours after deat
	Ē
2	信
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	L DR ATTENDING PHYSICIAN: The law requires that the death cortificate be executed within exmounts after death, Page 6 may be in
IDS, F	the death
RECOF	requires that
JITAL	N: The law
NOF	3 PHYSICIA
DIVISIOR	DR ATTENDING

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a flowurs after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hypliene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
_	REGISTRAR	CERTIFICATE OF DEATH	REG. NO.

	1 - STATE REGISTRAR			ICATE OF		REG.	NO.		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEAT	TH	3.	TIME OF DEATH
1.5	ANNE Verne	tte	ПС	LMES		June	6, 19	YEAR	55 1
			E (In yrs. last birthday)	IF UNDER I YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTS		e DIDTMDI A	CE (State or Foreign
	215–12–3961	□ M 2 🔯 F	100 YRS.	MONTHS DAYS	HOURS MIN.	Apr 16	1904	Country)	ryland
	9a. FACILITY NAME (If not institution, give street	and number)	100	ah CITY TOWN (OR LOCATION OF D	1 -		INTY OF DEATH	
E		,				EAIH	9c. COU	INIT OF DEATH	1
2	Lorien Frankford Nu	ursing Hon	ne	Balti	mre				
E	10a. STATE 10b. COUNTY			Y, TOWN OR LOCAT	TION		_	100	I, INSIDE CITY
DIRECTOR	Maryland		,	25.1 + 4	_				LIMITS?
	10e. STREET AND NUMBER			Baltimore	ZIP CODE		10a CIT	IZEN DF WHAT	
FUNERAL	1100 17	D :		1			rog. or		COOMMITT
N N	1190 West Northern	Parkway . WAS DECEDENT EVER		40 990 050	21210	NIC ORIGIN? (Speci		USA	
교	1 Never Married 2 Married	FDRCES? 1 YE	S 2 ND	If yes, sp	ecify Cuban, Maxic	en, Puerto Rican, ate		14. RACE — . Black, WI	American Indian, nita, atc.
B	3-Widowed 4 Divorced	IF YES, GIVE WAR DR	DATES	1 TYES	2 ND Specif	fy:		Specify:	Black
Ω.	15. DECEDENT'S EDUCATION	ON	16a, DECEDENT'S	USUAL OCCUPATION	ON:	165 KIND O	F BUSINESS/IN	DUSTRY	Diack
E	(Specify only highest grade com Elementary/Secondary (0-12) C		(Give kind of life. Do NOT L	work done during mo	st of working				
7	Lientenary Secondary (0-12)	ollege (1-4 or 5+)	C1	.erk		Veter	can Adm	ninistr	ation
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			CER	18 MOTHER'S N	ME (First, Middle, M		ILITESCE	delon
	Bernard Smith								
H	19a. INFORMANT'S NAME (Type/Print)		105 MAII IN	3 ADORESS (Street a		ide Edwar		in Conta	
임		Tee							
	Joseph A. Holmes,		210 S	Sherman S		Westbury	c. LOCATION —	11590	
	1 XBurial 2 Cremation 3 Removal 4 Donation 5 Other (Specify)		emetery, cremetery or c Cal.verton						
	21. SIGNATURE OF FUNERAL SERVICE LICENS		cal.verton	Nationa	1. Cem	6/10	Calver	ton, N	Y
1	1/2	10 0		2501	Ct. remne 1	Falls Pai	er Fune	eral Ho	mes, Inc
	Vernmell	Bouls		Balti	more, Ma	arvland	21216		
	23. PART I. Enter the diseeses, or com	plicetions thet caus	the deeth. Do	not enter the mo	de of dyling, aud	ch as cerdiac or	reapiratory ar	rreat,	Approximate
	ahock, or heart fallure. List IMMEDIATE CAUSE (Final	Only one cause on	each line.	^					Interval Between Onset and Death
	disease or condition	(00	n (+	7					
	resulting in death) a	DUE TO (DR A	S A CONSEDUENCE O)F):					
-									
CERTIFICATION	Sequentially list conditions, If any, leading to immediate	DUE TO (OR AS	S A CONSEQUENCE O	PF):					
₩.	ceuse. Enter UNDERLYING								
Ē	CAUSE (Disease or Injury c. — thet Initieted events	OUE TO (OR A	S A CONSEQUENCE O	F):					
E	resulting in death) LAST								
Ü	DART II Other classificant conditions	and Alamas 4Co							
DICAL	PART II. Other significant conditions co	ontributing to deet		In the underlyin	g cause given in	Part I. 24a. W	REFORMED?	A/A	RE AUTOPSY FINDINGS ILABLE PRIOR TO
ă		17 10	\wp			1 🗆 Y	ES 2 NO		MPLETION DF CAUSE DEATH?
M.		1				/		10	YES 2 NO
	DID TOBACCO USE CO	NTRIBUTE TO	CAUSE OF	DEATH Y	ES NO				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:			ACE OF DEATH (C)	neck only one)			
S		Inpetient 2 ER/O	utpatient 3 🗆 DOA	OTHER: 4 Wursing Hom	e 5 🗆 Rasidenca	8 Other (Specify	1)		
[]	27. MANNER OF DEATH	28a. DATE OF INJUR (Month, Day, Year		AE OF 28c. INJ		28d. DESCRIBE H		CURED	
BY F	1 Natural 5 Pending 2 Accident Investigation	(MONIA, Day, 10a.	′ III		YES 2 NO				
	3 Suicide 8 Could not be	26s. PLACE OF INJU	RY — At home, term,	street, fectory, offic		281, LOCATION (S	treet and Numbe	er or Rural Route	Number,
	4 Homicide determined	building, atc. (S	pecny)			City or Town,	State)		
COMPLETE	29a. CERTIFIER 1 CERTIFYING PHYSICIAN	t: To the best of my ko	owledge, death occur	red at the time data	and place, and di	to the enumeral	d manner en -t-	ete d	
Σ	(Check only one) 2 MEDICAL EXAMINER: D								d manner on eleted
- 1				,, 0					
出	29b. SIGNATURE AND TITLE OF CERTIFIER	12011			29c. LICENSE NU	MBER		TE SIGNED (MO	nen, Day, Year)
2	20 NAME AND ADOPTED OF DEPOCAL WITH A	WIN ETER COURS	051711 075		0 21	5 >7	(0 8	77
[]	30. NAME AND ADDRESS OF PERSON WHO CO	A A	DEATH (ITEM 27) (Type	a, Print)	(77		-	1
	NO C	インクロ	+	100K	145	Day	vie	V	
	31. DATE FILEO (Month, Day, Year)	32 PREGISTRAR'S SI	And to			7			

634.

3. TIME OF DEATN

0130

2. DATE OF DEATH

Herbert

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	Resinala	Herb	ert				6	3	14 01 30
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yra. last bir			(14.4	OF BIRTH	1	BIRTHPLACE (State or Foreign Country) Maryland
	220-74-3448	1 ★ M 2 □ F	35	YRS.	IIIOSMO WI	Oct		1958	Mar Land
~	9a. FACILITY NAME (If not institution, give	street and number)		9ь. СІТУ, ТО	WN OR LOCATION O	F DEATH		9c. COUNT	Y OF DEATN
DIRECTOR	Veteran Hospital				Baltmor				
EC	10a. STATE 10b. COUNT	ry	10	DC. CITY, TOWN OR L	OCATION				10d, INSIDE CITY
E I	Maryland			Baltin	oro				LIMITS?
	10e. STREET AND NUMBER			Dalti	101. ZIP CODE		_	10g. CITIZE	EN OF WHAT COUNTRY?
ERAL	1701 West Lexing	ton Stree	t.		2122	3			VSA USA
FUNI	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. ARMED		DECENDENT OF N	SPANIC ORIGI			4. RACE - American Indian,
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE W	YES 2 NO WAR OR DATES		s, specify Cuban, Ma YES 2 NO S		Flican, atc.)		Specify: Black
ED	15. DECEDENT'S EDI (Specify only highest grad	UCATION le completed)	16a. DECED	PENT'S USUAL OCCU	PATION a most of working	161	. KIND OF BL	JSINESS/INDU	
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5	His Oc	NOT use retired.)	g most or worlding				
MP	High School			Mail Ha	ndler	J	J.S. P	ostal	Service
8	17. FATHER'S NAME (First, Middle, Last)				16. MOTNER'S	NAME (First,	Middle, Malder	n Sumame)	
BE	John Herbert					othy I			
5	19a. INFORMANT'S NAME (Type/Print)			AILING ADDRESS (St				wn, State, Zip C	code)
	Dorothy Herbert			01 W. Lex		treet		1timor	
	20a. METHOD OF DISPOSITION 1 Durial 2 Cremation 3 Ref	noval from State	cemetery cremet	DATE OF DISPOSITIO ory or other place)		DAT			ty or Town, State
	4 Donation 6 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE &	AENGEE	- I MD Vete	eran Cemet	ery/Garr	ison6/	/ Ou	rings 1	Mills, Maryla
	21. SIGNATURE OF PUNERAL SERVICES) Y	,	22. NAN	1 Gwynns	F FACILITY N	lutter	Funer	al Homes, Inc
	sen !	are-			timore,			1216	
	iMMEDIATE CAUSE (Final disease or condition resulting in death)	s. DUE TO	OR AS A CONSEQUE	Systemio NCE OF):	clipis	Entho	mato	st s	Onset and Dea
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	c	(OR AS A CONSEQUE	NCE OF):	7 FV (PVM)	i lose s	y C/rc	<i>\(\)</i>	2 1913
S		d							
MEDICAL	PART II. Other aignificant condition Renal Fo	na contributing to	death but not resu	ilting in the under	lying csuse give	in Part i.	24a. WAS AI PERFO 1 YES	RMED?	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
									1 TYES 2 NO
AN:	25. WAS CASE REFERRED TO MEDICAL				A DI ACE DE DEST	Mant t	90)		
PHYSICI	EXAMINER?	HOSPITAL:		OTHER:	6. PLACE OF DEATH				
4	27. MANNER OF DEATH	28a, DATE OF	ER/Outpatient 3		Nome 5 Reside			INJURY OCCU	ence.
	1 Natural 5 Pending	(Month, D		INJURY	WORK?		x/A	INJUNY OCCU	MED
BY	2 Accident Investigation 3 Suicide & Could not be	26a. PLACE O	F INJURY — At home,				CATION (Street	and Number o	r Rural Route Number,
	4 Homicide determined	building,	atc. (Specify)				or Town, State		2
E	29a. CERTIFIER	NCIAN: To the heat of	land brouded as death		ARENE W	Walnes	31, 2-75		
COMPLET	1		my knowledge, death						i. cause(s) and manner as stated
_							_ and piece, s		
BE	29b. SIGNATURE AND TITLE OF CERTIFIC	in.			MD U practiti	number n licens	ed,	29d. DATE	SIGNED (Month, Day, Year)
0	() me un				practiti	cor # 61	804	Ce	13/94

DHMH-16 Rev 1/89

2

30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

510

HEGSTRATS SIGNATURE

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

Reginala

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, M Antonio contave Johnson 2. DATE OF DEATH 3. TIME OF DEATH 94 0 5 4. SOCIAL SECURITY N 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 1 PAR 2 DF 5 Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR CITY TIMOR EDENT RESIDENCE 10s. STATE 10c. CITY TOWN OR LOCATION 10b. COUNTY 10d. INSIDE CITY 1 YES 2 | NO 111080 permit. ID. STREET AND NUMBER FUNERAL 10g. CITIZEN OF WHAT COUNTRY? 101. ZIP CODE 6 0 funeral director, page 5 should be detached for use as the burial-transit retained by the hospital or attending physician. 11. MARITAL STATUS MAS DECEDENT EVER IN U.S. AAMED FORCES? 1 | YES 2 PHO 12. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE Black, - American Indian, White, etc. BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Merried If yes, specify Cuban, Mexican, Puerto Ricen, etc.)

1 YES 2 NO Specify: IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION BOTH and highway are proposed to the company of the comp 166. KIND OF BUSINESS/INDUSTRY dery (9-12) College (1-4 or E+) once. 17. FATHER'S NAME (First, Mictolia, Last) Ħ BE. notified 2 2 pe ours after death. Page 6 may must t 206 PLACE AND DATE OF DISPOSI 5 C Other (Specify) examiner NATURE OF FUNERAL SERVICE LICENSEE filled in by the fi medical 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, **Approximata** shock, or heart failure. List only one cause on each line. interval Between w requires that the death certificate be executed with your been signed by the attending physician and completely filled in it. of Health and Mental Hygiene prior to burial, cremation, or it. Onset and Death IMMEDIATE CAUSE (Final the disease or condition Evenchopulmonary Dysplasia
DUE TO (OR AS A CONSJOUENCE OF): resulting in death) traumatic event, DIVISION OF VITAL RECORDS, P.O. BOX 68760 Fr Imonale OV CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 0 Injury. PART ii. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERPORMED? MEDICAL any VES 2 NO OF DEATH? shows a 1 TES 2 THO PHYSICIAN: certificate has been the State Dept. HOSPITAL DR ATTENDING PHYSICIAN: The law 23 25. WAS CASE REFERRED TO-MEDICAL 26. PLACE OF DEATH (Check only one) Item HOSPITAL: **EXAMINER?** OTHER 1 YES 2 100 N Impatient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 6 27. MANNED OF DEATH 28e. OATE OF INJURY (Month, Day, Year) this c 28b. TIME OF 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCURED marked, 1 Natural 1 YES 2 NO BY After Investigation 2 Accident 3 Suicide 28a. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 69 COMPLETED 6 Could not ba DIRECTOR: / 28 4 Homicide Item 29e. CERTIFIER 1 NERTIFYING PHYSICIAN: To the beat of my knowledge, death occurred at the time, date end place, and due to the cause(s) end manner as stated. FUNERAL within 72 h 2 MEDICAL EXAMINER: On the basis of examination s TO THE HOSPITY
TO THE FUNESA
De filed within 7
IMPORTANT: 1 eatigation, in my opinion, death occured at the time, data end place, end due to the cause(e) end manner ea stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Homa M.D 31. DATE FILEO (Month, Day. 32. REGISTRAR'S SIGNATURE 9 1994 Sinden Rendella

		1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALT CERTIFICATE OF DE		TAL HYGIENE REG. NO.	
		1. DECEDENT'S NAME (First, Middle, Last)	2. DA	TE OF DEATH	3, TIME OF DEATH
		ALINE JACKSON	J		1994 2:46 PM
		A . /	(14-	TE OF BIRTH onth, Day, Year)	8. BIRTHPLACE (State or Foreign Country)
pine		214-20-8645 10 M2 M7 /6 MRS.	9.	8-1917	mary/mod
3 should	Œ		1	7. 9c. Ct	OUNTY OF DEATH
1, 2,	ECTO	3307 ELGIN AVENUE BALTIMOR	E C/	19	
Pages	1001	10c. CITY, TOWN DR LOCATION	2)	V	10d. INSIDE CITY LIMITS?
mit. –	L D	100. STREET AND NUMBER 101. ZIP C	rore	10- 0	1 YES 2 NO
physician. burial-transit permit.	FUNERAL	2200 Fl. 4 AUR 21	1 5 1	10g. C	CITIZEN OF WHAT COUNTRY
physician. burtal-tran	S			GIN? (Specify Yee or No-	- 14. RACE — American Indian,
	BY F		uban, Mexicen, Puerl		Black, White, etc.
as th		15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION		The same of the sa	BIACK
50	ETE	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)	orking	66. KIND OF BUSINESS/	INDUSTRY
ospital o	AP.	tomemak	CRI		
the hospital detached for	COMPL	17. FATHER'S NAME (First, Middle, Last)	OTHER'S NAME (Firs	t, Middle, Malden Sumame	2), /
क विव	BE (Emerson Ackson, 1	-RANG	105 /	tenra
retained 5 should notified	ဥ	19b. MAILING ADDRESS (Street and Nun	mber or Rural Route Nu	umber, City or Town, State,	Zip Code)
y be		20a. METHOD DE DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Marra of	AVE. D	HIImon	emc,21216
tor.		1 Buriel 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) Conjugation of the place)	Pom 9	ATE 20c. LOCATION	- City or Town, State
		22. NAME AND ADD	DIESS OF FACILITY	EUNGERA	Home
death. Pag funeral di i. examiner		Joseph L. Kurel Joseph	VI No H	Aug B	n 14 Ca d 2124
nours after of in by the or removal.	\neg	23. P. RT I. Enter the diseases, or complicatione that caused the deeth. Do not enter the mode of	dying, such as co	ardiec or respiratory	arreat, Approximate
2 0 E		ahock, pr heert fellure. List only one cause on each line. IMMEDIATE CAUSE (Finel			interval Between Onset and Death
within pletely fille cremation, went, the		disease or condition a. Arteriosclerotic Cardiov	ascular	Disease	
D 0 0		DUE TO (OR AS A CONSEDUENCE OF):			
and o bur	ON	Sequentielly list conditione, DUE TO (OR AS A CONSEDUENCE OF):			
ficate be physician ne prior t	IFICATIO	cause. Enter UNDERLYING			
nding phy Hygiene	Ē	CAUSE (Disease Dr Injury thet Initiated events DuE TO (DR AS A CONSEDUENCE DF):			
endi Hy	CERT	d			
E Khe	ALC	PART II. Other algnificent conditione contributing to death but not resulting in the underlying ceus	se given in Part I.	24a. WAS AN AUTOPS PERFORMED?	SY 24b. WERE AUTOPSY FINDINGS
5 E - 1	EDIC/	ALZHEIMER DISEASE		1 TYES 2 X NO	COMPLETION OF CAUSE DF DEATH?
requires een sign of Heal	Σ				1 XYES 2 NO
law Dept 23	SICIAN:	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES	□ NO √	1	
N: The icate is State	Sici	EXAMINER? HOSPITAL: OTHER:	OF DEATH (Check only		
SICIA certif h the	PHYS	27. MANNER OF DEATH 280. DATE DF INJURY 28b. TIME OF 28c. INJURY AT		ther (Specify) DESCRIBE HOW INJURY (OCCURED
NG PHYS fler this ceath with marked,	ВУ Р	1 Netural 5 Pending (Month, Day, Year) INJURY WORK? 2 Accident Investigation	2 NO		
NDING R. After er death		3 Suicide 6 Could not be 26e. PLACE DF INJURY — At home, ferm, street, factory, office building, stc. (Specify)		OCATION (Street end Numity or Town, State)	ber or Rural Route Number,
OR ATTENDING DIRECTOR: After hours after death item 28 is ma	ETE	4 Homicide determined			
	APL	29e. CERTIFIER (Check only cos) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end pl			
THE HOSPITAL THE FUNERAL THE FUNERAL THE FUNERAL TORTANT: II	COMPL	2 X MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death or	ccured at the time, da	ate and place, and due to	the ceuse(e) end manner ee stated.
THE HOSPITAL THE FUNERAL THE F	BE		O.C.M.E		JUNE 07, 1994
B 6 8	5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	O.C.M.E	•	JUNE 07, 1994
	,,	J. Laron Locke M.D. 111 Penn Street,	Baltim	ore, Mar	yland 21201
	20	31. DATE FILED (Month, Day, Year) 32. HEGISTEAN'S SIGNATURE			
		LIIN 0 9 1994 July Santon July			

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BALTIMORE, MARYLAND 21215-0020	executed within rours after death. Page 6 may be retained by the hospital or attending physician.
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PHYSICIAN:

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BALLIMORE, MAR	TO THE HOSPITAL DR ARTENDING PHYSICIAN: The law requires that the death certificate be executed within fours after death. Page 6 may be retained	TO THE FUNERAL DIRECTOR: After this ceptificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be within 72 hours after death with the State Dent of Health and Mental Hydiene prior to burial, cremon, or remonal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified
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DIVISION OF VITAL RECORDS, P.O. BOA 60/60,	DR A	TO THE FUNERAL DIRECTOR: After this ceptificate has been signed by the attending physician and completely filled in by the the first property of the Star Dent of Health and Mental Hydiene prior to burial cremation, or removal.	Em.
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH Q YEAR 3. TIME OF DEATH Johnso 06/6 AM 7. DATE OF BIRTH (Month, Day, Year) 12/14/18 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 8. BIRTHPLACE (State or Foreign Country) IF UNDER 1 YEAR IF UNDER 24 HRS. HOURS 1 M 2 F DAYS 218-01-6713 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR HOWARD CO. GENERAL HOSPITAL COLUMBIA 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD **JESSUP** 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 7328 WYE AVE. 20794 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ⚠ YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-if yes, specify Cuban, Maxican, Puarto Rican, etc.) 14. RACE — American Indian, Black, White, alc. 1 Never Married 2 Married BY 1 YES 2 NO Specify: 3 XWidowed 4 Divorced W.W.II AFR. AMERICAN COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) RETIRED UNKNOWN UNKNOWN 17. FATHER'S NAME (First, Middle, Lest) 16. MOTHER'S NAME (First, Middle, Maiden Surname) WALTER JOHNSON NORA JOHNSON BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 WIDMARK JOHNSON 7328 WYE AVE JESSUP MD 20794 20a, METHOD OF DISPOSITION | | Duriel 2 | Cremation 2 | Removal from State 26b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, Stata DATE BALTO. NATL. 4 ☐ Donation 5 ☐ Other (Specify) CEM. 6/13/94 BALTIMORE 21. SIGNATURE OF FUNERAL SERVICE LICENSER NAME AND ADDRESS OF FACILITY ESTEP BROTHERS FUNERAL HOME P.A. 1300 EUTAW PLACE BALTO. MD 21217 23. PART I. Enter the diseases, of complicati that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) ances DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST MEDICAL

	WEST TO THE RESERVENCE					1
PART II. Other aignificant condition	ona contributing	to death bu	ut not resulting	in the underlyi	ng cause given in Par	t
History of MI	BPH,	HITN.	post of	structie	sumpria	
		/	,		/	

	N AUTOPSY DRMED?
1 🗌 YES	2 2 NO

28d, DESCRIBE HOW INJURY OCCURED

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 NO

25. WAS CASE REFERRED TO MEDICAL I TES 2 NO

8 Could not be determined

26. PLACE OF DEATH (Check only one HOSPITAL:
1 | Inpetient 2 | ER/Outpetient 3 | DOA OTHER: ng Home 5 🗆 Residence 8 🗆 Other (Specify)

28a. DATE OF INJURY (Month, Day, Year) 6-7-94

28b. TIME OF INJURY 28c. INJURY AT WORK? 1 YES 2 NO 28e. PLACE OF INJURY — Al home, farm, street, fectory, office building, etc. (Specify)

261. LOCATION (Street and Number or Rural Route Number, City or Town, State)

6-7-94

298. CEHTIFIER	- 2
(Check only	
one)	2

29b.

31

27. MANNER OF DEATH

Natural

2 Accident

3 Suicide

4 Homicide

CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.

2 MEDICAL EXAMINER: On the	e basis of examination and/or investigation, in my opinio	n, death occured at the time, data and	place, and due to the cause(a) and manner se stated.
SIGNATURE AND TITLE OF CERTIFIER	Int med Resident	29c. LICENSE NUMBER	29d. DATE SIGNED (Month, Day, Year)

ler	mela	Mou	ups III	D	Amm.)
. NAME	AND ADDRE	SS OF PERS	ON WHO COMPLE	TED CAUSE OF	DEATH (ITEM	27) (Type, Print

JUN 0 9 1994 Juli Sanien Pris

	1. DECEOENTS NAME (First, Middle, Last	Charlottie			2. DATE OF DEATH MONTH		3. TIME OF DEATH
	Charott	e -Jo	h nsen		06	5 9	4 35
	4. SOCIAL SECURITY NUMBER	4	MONTH	DER 1 YEAR IF UNDER 24 HRS 8 DAYS HOURS MIN.	(Month, Day, Year)		BIRTHPLACE (State or Foreign Country)
-	9a. FACILITY NAME (If not institution, give	I 1 M 2 OF	5 YRS.		4-27-		orth Carolin
æ	M. II. Male	1 Allings on C	WO. C.	ITY, TOWN OR LOCATION OF	DEATH	9c. COUNTY	OF CEATH
CTOR	RESIDENCE OF DECEDENT	1 MAISING L	enter	Baltimore			
DIRE	10a. STATE 10b. COUN	ΠY	10c. CITY, TOW	N OR LOCATION			10d. INSIDE CITY LIMITS?
10-	Maryland 10a. STREET AND NUMBER		Ba	1timore			TYXYES 2 NO
RAL				10f. ZIP COOE	-	10g. CITIZEN	OF WHAT COUNTRY?
FUNER	3520 White Chap 11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMED	2121 I3. WAS DECENDENT OF HISI		n or No — 14.	USA RACE — American Indian,
13	1 Never Merried 2 Merried	FORCES? 1 YES	2 NO	If yes, specify Cuban, Max 1 ☐ YES 2 ☐ NO Spe	ican, Puerto Rican, etc.)		Black, White, etc.
₽ В	3 Widowed 4 Divorced						Black
ETEC	15. DECEDENT'S ED (Specify only highest gra		16a. OECEDENT'S USUAL (Give kind of work do life. Do NOT use retired	ne during most of working	16b. KIND OF BU	SINESS/INDUS	TRY
겁	9th Grade	College (1-4 or 5+)	Self emp		Conv	at ross	
000	17. FATHER'S NAME (First, Middle, Last)	1.	Sell ellip		NAME (First, Middle, Maider	Sumama)	3
Ö	Richard Wimberl	v		Lir	a Pettaway		
0	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AOOR	ESS (Street and Number or Rul		vn, State, Zip Co	de)
2	Richard Johnson		3520 Whi	te Chapel Ro	ad Balti	more,	MD 21215
	20a. METHOD OF DISPOSITION 1 X Burlel 2 Cremetion 3 Re	20b.	PLACE OF DISPOSITION other place)	(Name of cemetery, crematory of	or 20c. L0	CATION — City	or Town, State
	4 Donation 6 Other (Specify)		ng Memori	al Park	Ba	ltimor	ce Co., MD
,	21. SIGNATURE OF FUNERAL SERVICE	D Va		22. NAME AND ACCRESS OF 2501 GWYNNS	Falls Park	Funera	1 Homes, In
	1 den	Jane		Baltimore, M			
7	disease or condition resulting in death) Sequentielly flat conditions,	b. Due to (or As A of the total or tor total or	CONSEQUENCE OF:	itersti.	tal fi,	pros	i
TIFICATION	if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	CDUE TO (OR AS A	CONSEQUENCE OF):				
	if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	d		undarlying cause given	PERFO	N AUTOPSY RMED?	AVAILABLE PRIOR TO
MEDICAL	if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	d		undarlying cause given	PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAU
MEDICAL	if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant conditi	d			PERFO	RMED?	OF DEATH?
AN: MEDICAL	if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions to the condition of the cause of the	d	it not resulting in the	26. PLACE OF DEATH	PERFO 1 VES	RMED?	AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
SICIAN: MEDICAL	if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions to the condition of the condition of the cause of	d	at not resulting in the	26. PLACE OF DEATH. IEA: Wursing Home 5 □ Residence 28c. INJURY AT	PERFO 1 VES	RMED?	AMAILABLE PRIOR TO COMPLETION OF CAU- OF DEATHY 1 YES 2 NO
PHYSICIAN: MEDICAL	if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant conditions to the condition of the cause of the	d	it not resulting in the	26. PLACE OF DEATH IEFA: Fursing Home 5 □ Resident	PERFO 1 YES (Check only one) ca 6 Other (Specify)	RMED?	AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO
ED BY PHYSICIAN: MEDICAL	if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions to the condition of the cause of the	HOSPITAL: 1 Inpetient 2 ER/Outpe 28e. DATE OF INJURY (Month, Day, Year)	at not resulting in the	26. PLACE OF DEATH: #EPT: #Urraing Home 5 Residen 26. INJURY AT WORK? 1 YES 2 NO	PERFO 1 YES (Check only one) ca 6 Other (Specify)	INJURY OCCUR	AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO
PLETED BY PHYSICIAN: MEDICAL	if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions are supported by the condition of the condition of the condition of the condition of the cause of the	HOSPITAL: 1 Inpatient 2 ER/Outpe 28e. DATE OF INJURY (Month, Day, Year)	at not resulting in the	26. PLACE OF DEATH IEM: Nursing Home 5 Resident 26c. INJURY AT WORK? 1 YES 2 NO factory, office	(Check only one) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State	INJURY OCCUP	AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO
PLETED BY PHYSICIAN: MEDICAL	if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions and the conditions of the conditions of the conditions of the conditions of the cause of	HOSPITAL: 1 Inpatient 2 ER/Outpate 28e. DATE OF INJURY (Month, Day, Year) 26e. PLACE OF INJURY building, etc. (Specific	at not resulting in the	26. PLACE OF DEATH IEM: Variang Home 5 Resident 26c. INJURY AT WORK? 1 YES 2 NO factory, office	(Check only one) 28 6 Other (Specify) 28d, DESCRIBE HOW 28f. LOCATION (Street City or Town, State due to the cause(a) and many control of the cause(b) and control of the cause(b) and cause(b) and	INJURY OCCUP	AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO
E COMPLETED BY PHYSICIAN: MEDICAL	if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions and the conditions of the conditions of the conditions of the conditions of the cause of	HOSPITAL: 1 Inpatient 2 ER/Outpe 28e. DATE OF INJURY (Month, Dey, Yeer) 26e. PLACE OF INJURY building, etc. (Special Special Speci	at not resulting in the	26. PLACE OF DEATH IEM: Variang Home 5 Resident 26c. INJURY AT WORK? 1 YES 2 NO factory, office	(Check only one) 28d. Describe How 28d. Location (Street City or Town, State due to the cause(a) and muthe time, date and place, a	INJURY OCCUR and Number or) anner ea stated, and due to the c	AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO
COMPLETED BY PHYSICIAN: MEDICAL	if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant conditions and the conditions of the conditions of the conditions of the conditions of the cause of	HOSPITAL: 1 Inpatient 2 ER/Outpe 28a. DATE OF INJURY (Month, Day, Year) 26e. PLACE OF INJURY building, etc. (Special Special Spe	at not resulting in the	26. PLACE OF DEATH IEFS: Variety Home 5 Residence 28c. INJURY AT WORK? 1 YES 2 NO factory, office	(Check only one) 28d. Describe How 28d. Location (Street City or Town, State due to the cause(a) and muthe time, date and place, a	INJURY OCCUR and Number or) anner ea stated, and due to the c	AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO RED Rural Route Number,

TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within cours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - STATE OF MAR STATE OF MAR		WENT OF HEALTH A		NTAL HYGIEN	E	
	1. OECEDENT'S NAME (First, Middle, Lest) DARLENE	KINDER			DATE OF DEATH DO	1994 YEAR	3. TIME OF OEATH 11 / a M
	216-68-5566 1□м≥☆¥		F UNDER 1 YEAR IF UNDER 2: DATHS DAYS HOURS		DATE OF BIRTH (Month, Day, Year) EC.5,19	Counti	PLACE (State or Foreign
OB		.н.	HYATTSVIL			9c. COUNTY OF D	i/a
DIRECTOR	10e. STATE 10b. COUNTY MARYLAND n/a	10c. CITY, 1	TOWN OR LOCATION HYATTSVIL	l F			10d. INSIDE CITY
RALD	100. STREET AND NUMBER 300 VINE STREET	I	101. ZIP COOE 2 1 2			10g. CITIZEN OF V	
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Olvorced 12. WAS DECEDENT EVE FORCES? 1 Y IF YES, GIVE WAR O	ER IN U.S. ARMED	13. WAS DECENDENT OF If yes, specify Cuben, 1 — YES 2 X XO	HISPANIC C	PRIGIN? (Specify Yes uerto Rican, atc.)	or No- 14. RACE	E — American Indian, k, White, etc.
COMPLETED	15. DECEDENT'S EOUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) ##1 2 T H College (1-4 or 5 +)	16a. OECEDENT'S US (Give kind of worn life. Do NOT use in LABORE	k done during most of working etired.)			I SINESS/INDUSTRY	
	17. FATHER'S NAME (First, Middle, Last) JOHNNIE STEWART	LABORE	18, MOTHE	er's name (n/a First, Middle, Maiden MC NI		
TO BE	190. INFORMANT'S NAME (Type/Print) RONALD STEWART	196. MAILING AT	PARK AVE		Number, City or Tow	n, State, Zip Code)	apt.1117
	20a_METHOO OF DISPOSITION 1\(\subseteq \text{Souries} = 2 \subseteq \text{Cremation 3 \subseteq Removal from State} \) 4 \subseteq \text{Donation 5 \subseteq Other (Specify)}	20b. PLACE AND DATE OF I	DISPOSITION (Name of		OATE 20c. LO	CATION - City of TO	wn, State
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE JELEN L. Mayne		WM. C. M	OF FACILIT	Y		NORTH AVE
	23. PART I. Enter the diseases, or compileations that caushock, or heart failure. List only one cause of immediate CAUSE (Final disease or condition resulting in death) DUE TO (OR A	sed tha death. Do not n aach lina.	enter the mode of dyin	g, such as	cardiac or reapi	ratory arrest,	Approximata Interval Batwean Onset and Death Mouths
CERTIFICATION	rany, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	AS A CONSEQUENCE OF):					
PHYSICIAN: MEDICAL C	PART II. Other algnificant conditions contributing to dest	h but not resulting in	the underlying cause gi	van in Pari	24s. WAS AN PERFOR 1 TYES 2	MED?	. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
IAN:	DID TOBACCO USE CONTRIBUTE T 25. WAS CASE REFERRED TO MEDICAL	O CAUSE OF	DEATH YES 28. PLACE OF DE	NO	inty one)		
YSIC	EXAMINER? 1 YES 2 NO HOSPITAL: 1 Inpatient 2 ER/C	Outpatient 3 DOA 4	THER: Nursing Home 5 Resi				
ВУ РН	27. MANNER OF DEATH 1	nr) INJUR	WORK? M 1 YES 2		d. DESCRIBE HOW I	NJURY OCCUREO	A Married
	4 Homicide determined building, atc. (3	URY — At home, ferm, stre Specify)	et, fectory, office	28f	LOCATION (Street a City or Town, State)	and Number or Rural F	Route Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my king one) 2 MEDICAL EXAMINER: On the best of examine) and menner as stated.
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER DO LA	pred m	D 029	SE NUMBER	3	29d. DATE SIGNED	(Month, Day, Year) e9/994
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF THE	WY 61	rentels	M	d 201	110	
	JUN 0 9 1994 32. Egistrans-s	GNATURE PANDLE					

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BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be netified at once.

FOR		STATE OF	MARYLAND	/ DE	PARTME	NT OF	HFAI
100111	0	 	0, 11		I GI	, 11	

1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART CERTIFIC			MENTAL	HYGIENE REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last) Norah M	Norah Mar Kundtz	y O'Neil	1 Kun	đtz	2. DATE O	F DEATH DAY	4 - "	3. TIME OF 1:00	
4. SOCIAL SECURITY NUMBER 216-03-3394	1 🗆 M 2 🛣 F		IF UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		Dey: Year)		BIRTHPLACE (State Country) [ARYLAND	or Foreign
9a. FACILITY NAME (If not institution, give str STELLA MARIS I		1	TOWS	OR LOCATION OF D	EATH		BALT	OF DEATH CIMORE	
10a. STATE 10b. COUNTY	LTIMORE	10c. CITY,	TOWN OR LOCA TOWSON	TION				10d. INSIDE	7
100. STREET AND NUMBER 2300 Dulaney	y Valley Rd.		10	1. ZIP CODE 21204			109. CITIZEN USA	OF WHAT COUNT	Z.E.
11. MARITAL STATUS 1 Never Merried 2 Merried 3 X Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 YES, GIVE WAR OR D.	2 1 NO	If yes, sp	CENDENT OF HISPA secify Cuben, Mexic B 2 NO Speci	en, Puerto Ri	(Specify Yea o	r No — 14.	RACE — America Black, White, etc. Specify: WHITE	indien,
15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)		Ille. Do NOT use	rk done durina m	ost of working	16b. 1	Bake			ail
17. FATHER'S NAME (First, Middle, Lest) Howard Deni	nis O'Neill			18. MOTHER'S NA Erest	AME (First, Mi		ırnama)		
19a. INFORMANT'S NAME (Type/Print) John D. O'Ne	eill			end Number or Rural					
20e_METHOD OF DISPOSITION 1	rval from State cen	PLACE AND DATE OF the terry, cremetory or other Mew Cathe	er place)		JUNE			or Town, State	
21. SIGNATURE OF FUNERAL SERVICE LICE Mari	1 Jaws	m	Lemmo	no ADDRESS OF FA on-Mitche Padonia	ACIUTY 211-Wi	.edefel	ld, In	ıc.	3
23. PART I. Enter the disesses, or conshock, or heart feilure. LIMMEDIATE CAUSE (Finel disease Dr condition resulting in death)	ist only one cause on e	CVD	t enter the mo	ode of dying, suc	ch ss cardio	ec or respire	tory arrest	Interv	oximate /al Betwe t end Dea
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING		CONSEQUENCE OF):							
CAUSE (Disesse or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):							
PART II. Other significant conditions	contributing to death b	ut not resulting in	the underlyin	g ceuse given in		24a. WAS AN AL PERFORM 1 - YES 2		24b. WERE AUTOI AWAILABLE F COMPLETION OF DEATH?	RIOR TO OF CAUSE
25. WAS CASE REFERRED TO MEDICAL EXAMINERS.			26. P	LACE OF DEATH (C)	heck only one)				
1 TYES 2 NO 27. MANNER OF DEATH	HOSPITAL: 1 Inpatient 2 ER/Outp 26e. DATE OF INJURY	estient 3 DOA 4		ne 5 🗆 Residence		Specify)	IIBA OCCUB	ED.	
Natural 5 Pending	(Month, Day, Year)	INJUI	₹Y W(YES 2 NO					
T - Houselin	28e. PLACE OF INJURY building, atc. (Spec	— At nome, farm, str :ify)	eet, factory, offic			TON (Street end Town, State)	d Number or I	Rural Route Number,	
3 Suicide 6 Could not be 4 Homicide determined	salishing, and topoc								
3 Suicide 4 Homicide 6 Could not be determined 29e. CERTIFIER (Check only	CIAN: To the best of my know							suse(a) end manne	es stated.
3 Suicide 4 Homicide 6 Could not be determined 29e. CERTIFIER (Check only	CIAN: To the best of my know 1: On the beele of examination	n end/or investigation,	in my opinion, o		time, date a	nd place, and	due to the co	GNED (Month, Day,	

seen en MAN.

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

K	I = 5
AND THE PARTY AND ASSESSMENT OF THE PARTY ASSESSMENT OF TH	TO THE HOSPITAL OR ATTRONONS PHYSICIAN: The law requires that the death certificate be executed within a flow in the death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director page 5 should be detached for use as the burial-transit permit Pages 1.2 should	

	1 - STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.								
	1. DECEDENT'S NAME (First, Middle, Last) BRAY WENDELL	KELL	Y		2. DATE OF DEATH	9 ⁴ 7	3. TIME OF DEATH 10:58 P _M		
		12□	YRS. IF UN	DER 1 YEAR IF UNDER 24 HRS IS DAYS HOURS MIN	78.4 - M David M N	Count	HPLACE (State or Foreign ry) ryland		
TOR	9a. FACILITY NAME (If not institution, give street and number) HOWARD COUNTY GENERAL HOSPITAL COLUMBIA RESIDENCE OF DECEDENT					9c. COUNTY OF DEATH HOWARD			
DIRECTOR	100. STATE 10b. COUNTY Maryland Baltimo	ore		n or Location timore		10d. INSIDE CITY LIMITS? 1			
FUNERAL	100. STREET AND NUMBER 7403 Lesada Drive	IOI. ZIF CODE			07	10g. CITIZEN OF	WHAT COUNTRY? USA		
BY	11. MARITAL STATUS 1 \(\overline{\text{M}} \) Never Merried 2 \(\overline{\text{M}} \) Married 3 \(\overline{\text{W}} \) Widowed 4 \(\overline{\text{D}} \) Divorced			13. WAS OECENDENT OF HIS If yes, specify Cuban, Max 1 YES 2 NO Specify Cuban, Max	Ican, Puarto Rican, atc.)	or No- 14. RAC Blac Spec	E-American Indian, k, White, atc. Black		
COMPLETED	15. OECEDENT'S EQUICATION (Specify only highest grade completes Elementary/Secondary (0-12) UNKNOWN	CEDENT'S USUAL five kind of work do	occupation ne during most of working d.) Receivi nnician	ng Midas	Muffle				
CON	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S	NAME (First, Middle, Maiden	en Surname)			
BE	Leroy 198. INFORMANT'S NAME (Type/Print)	Kelly	MAILING ADDR	Carol ESS (Street and Number or Ru	yn "Anita'				
5	Ms. Gina Green						Columbia		
	Ms. Gina Green S834 Stevens Forest Rd., Apt#23, Columbia								
	21. SIGNAYORE OF FUNERAL SERVICE LICENSES	ent		22. NAME AND ADDRESS OF Slack F	racility uneral Hor t City, Ma	ne, P.A			
ION	23. PÁRT I. Enter the diseases, of complice shock, or heart feliure. List only IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions,	OUE TO (OR AS A CONSEC	DUENCE OF):	ter the mode of dying, s			Approximata interval Between Onset and Dasth		
CERTIFICATION	if any, laading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST								
AL.	PART II. Other significant conditions contri	buting to death but not r	esulting in the	underlying cause given	in Part i. 24a. WAS AN PERFOR	MED?	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
PHYSICIAN: MEDIC	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO								
SICI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X XES 2 \(\text{NO} \) NO 1 \(\text{Inj} \) Inj	PITAL: patient XIXER/Outpatient 3	DOA 4	26. PLACE OF OEATH IER: Nursing Home 5 Rasidene					
ВУ РНУ	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	o. DATE OF INJURY	28b. TIME OF INJURY	28c, INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW II	SLOT	self		
	4 Homicide datarmined	 PLACE OF INJURY — At ho building, atc. (Specify) 	me, tarm, street,	factory, office	28t. LOCATION (Street a City or Town, State)	nd Number or Rural	Route Number,		
COMPLETED	29a. CERTIFIER (Checkenly 1 CERTIFYING PHYSICIAN: To						a) and mannar as stated.		
TO BE	296. SUBMATURE AND TITLE OF CERTIFIER	who h	W	O.C.		≥ JUNE	6,1994		
	31. DATE FILEO (Month, Day, Year) 38.	E,M) 111	Penn	Street, Ba	ltimore, N	Marylan	d 21201		
	JUN 0 9 1994	Julie Deviler	fandelle						

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nours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

Any this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should lead the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL IN ALL MING PHYSICIAN: The law requires that the death certificate be executed within a front death. Page 6 may be retained by the hoss TO THE FUNERAL CENTER A fit is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 front. The first with the State Dept. of Health and Mental Hyglere prof to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. THING PHYSICIAN: The law requires that the death certificate be executed within

VISION OF VITAL RECORDS, P.O. BOX 68760

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

Items6,7 6-10-94	FilmG712 W.H.p	er F/H			54 11030		
FOR 1 - STATE REGISTRAR	STATE OF MARYLAND /		T OF HEALTH AND E OF DEATH	MENTAL HYGIENE REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last)				T	3. TIME OF OEATH		
BENJAMIN	LEWIS	1		MONTH BAY	YEAR 3. TIME OF DEATH		
The state of the s	. SEX 6. AGE (In yrs. las	t birthday) IF UNDE	R 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRTHPLACE (State or Foreign Country)		
21907 32 381	XM2□F 74	YRS. MONTHS	DAYS HOURS MIN.	9-16-1919	manuland		
9. FACILITY NAME (If not institution, give street	t end number)	9b. CIT	TOWN OR LOCATION OF D	EATH & 9c. COUN	TY OF DEATH		
GOOD SAMA	RIVAN HOS	0. 1	Allinore	Cily			
RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY	/	10c. CITY, JOWN	OR LOCATION	-77	10d, INSIDE CITY		
manufact		Br	It man a)	V	LIMPTS?		
10e. STREET AND NUMBER	/ /		101, ZIP CODE	10g, C/T/2	ZEN OF WHAT COUNTRY?		
5505 KeAdo	, Anse,		21215		15H		
	2. WAS DECEDENT EVER IN U.S. AR		WAS DECENDENT OF HISPA	NIC ORIGIN? (Specify Yee or No-	14. RACE — American Indian,		
1 Never Merried 2 Merried	FORCES? 1 YES 2 N	NO	It yes, specify Cuban, Mexico		Black, White, etc.		
3 Widowed 4 Divorced	1943-1952				PACK		
15. DECEDENT'S EDUCAT (Specify only highest grade con	npleted) (Gi	CEDENT'S USUAL O	during most of working	16b. KIND OF BUSINESS/IND	USTRY		
Elementery/Secondary (0-12)	College (1-4 or 5+)	Do NOT use optired.	1.+		¥		
		isagil	114				
17. FATHER'S NAME (First, Middle, Last)	1011		JE MOTHER'S NA	ME (First Middle, Maiden Syrramy)			
190. INFORMANT'S NAME (Type/Print)	Lewis		1 1050	+ maine	w		
m = 6 /20/11	out 191	b. MAILING ADDRES	Sigtreet and Number or Bural	Route Number, City or Jown, State, Zip	Code)		
20g. METHOD OF DISPOSITION	2000	200 1	SEHUGITUE	, DH10, 11)C	21312		
1 Buriel 2 Cremation 3 Remova		AND DATE OF DISPO	SHON (Namyor	DATE 20c. LOCATION - C	City or Town, State		
21. SIGNATURE OF FUNERAL SERVICE LICEN		11507 F	NAME AND ADDRESS OF	CILIDE CIRCLE	Home!		
Joseph J	. Russ		Seph L. K	oth Are bulk	5.md.21216		
23. PART I. Enter the diseases, or com	plications that caused tha de t Dnly Dna cause Dn aach lina	eath. Do not ente	r tha mode of dying, suc	h as cardiac or respiratory srre			
IMMEDIATE CAUSE (Final	t biny bina cause bit gacit into				intarval Batween Onset and Daath		
disease or condition resulting in death)	Ventricular	tadura	erdia / ful	Cullatran	30 min		
	DUE TO (OR AS A CONSEC	DUENCE OF):		A .	14 (
Sequentially list conditions.	Dehenns	Car	dermyof	rathy	14475		
if any, leading to immediata	DUE TO (OR AS A CONSEC	QUENCE OF):	0 /	J	9		
CAUSE (Disease or Injury	DUE TO COD AS A CONSTI						
that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEC	QUENCE OF):					
d							
PART II. Other significant conditions of			nderlying cause given in	Part I. 24e. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS		
Chronic rena	I multiplece	ency		1 Tes 2 NO	AVAILABLE PRIOR TO COMPLETION OF CAUSE		
1 YES 2 NO							
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:		26. PLACE OF DEATH (C)	eck only one)			
1 TYES 2 NO 1	☐ Inpatient 2 XER/Outpatient 3	DOA 4 Nu	R: rsing Home 5 - Residence	8 Other (Specify)			
27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?	28d. DESCRIBE HOW INJURY OCC	URED		
1 Natural 5 Pending 2 Accident Investigation		М	1 TES 2 NO				
3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At ho- building, atc. (Specify)	me, ferm, street, fac	ctory, office	28t. LOCATION (Street and Number City or Town, State)	or Rural Route Number,		
					//		
				to the cause(e) and manner as state			
2 MEDICAL EXAMINER: (On the beele of examination end/or i	investigation, in my	opinion, death occured at the	time, date and place, and due to the	ceuse(s) end menner es stated.		

29c. LICENSE NUMBER
DIS31

29d, DATE SIGNED (Month, Day, Year)

6/8/94

Mchael L. Fisher, M. D 31. DATE FILED (Month, Day, Year) Jun 0 9 1994 Juni Sanisa 3. Greent St

M. N 22 3, G.
132. REGISTRAR'S SIGNATURE
LIST STATES FROM

BALTIMORE, MARYLAND 21215-0020

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	REG NO

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.							
	1. DECEDENT'S NAME (First, Middle, Last)	1 /			2. DATE OF DEATH MONTH	DAY C/ YI	3. TIME OF DEATH	
	Leonard	L. Maso			6	7 9	8 8:8 P M	
	4. SOCIAL SECURITY NUMBER 219-62-6154	5. SEX 8. AGE (In yrs. 1 2 F 3 9	YRS. IF UNDER 1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country) MARYIAND	
OR	90. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 9c. COUNTY OF DEATH 9c. COUNTY OF DEATH							
ECTOR	RESIDENCE OF DECEDENT 100. STATE , 10b. COUNT	v -	10c. CITY, TOWN OR LOC					
DIR	MARYLAND	[4	11.	70RE			10d. INSIDE CITY LIMITS? 1 YES 2 NO	
FUNERAL	1713 HODIAR	GROVE St.		01. ZIP CODE	6	10g. CITIZEN	5. A.	
5	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2		CENDENT OF HISPAN	IIC ORIGIN? (Specify Y	e or No- 14.	RACE — American Indien, Black, White, etc.	
ВУБ	1 Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES		specify Cuben, Mexical S 2 NO Specify			Specify: 17 /	
		OUTION L					DIACK	
ETE	15. DECEDENT'S EDU (Specify only highest grade	completed)	DECEDENT'S USUAL OCCUPA (Give kind of work done during i life, Do NOT use retired.)	TION nost of working	16b. KIND OF BI	JSINESS/INDUS	TRY	
P.E.	Elementary/Secondary (0-12)	College (1-4 or 5+)	LABORE	R				
COMPL	17. FATHER'S NAME (First, Middle, Last)		Z HOV K -		ME (First, Middle, Maide	n Sumame)	,	
C				Hild	OF R	nagh	1/	
m	190. INFORMANT'S NAME (Type/Print)		19b. MAILING ADDRESS (Stree	end Number or Rural F	Ploute Number, City or To	wn, State, Zip Co	de)	
2	Prudence la	RKER	1713 KODI	AR GROU	16 5t 13	altim	cre Md 2/216	
	20e. METHOD OF DISPOSITION 1 METHOD OF DISPOSITION 2 Duriel 2 Cremetion 3 Rem	20b.PLA	CE AND DATE OF DISPOSITION	Name of		OCATION — City		
	4 Donetion 5 Other (Specify)	cemetery,	crematory of and place)	AL TARK	6/9/99 KA	ndalls	town MARYLAND	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENGLE	22. NAME	AND ADDRESS OF FA	CILITY		, EH.	
	· 7/1999	MALUN	1246	Mart D	Rowncon orth Au	muni	ty ""	
	23. PART I. Knier the disesses, or	complications that caused the	deeth. Do not enter the n	node of dyling, such	h as cerdiec or res	olratory errest	Approximate	
	shock, or heart fellure. IMMEDIATE CAUSE (Finel	List only one cause on each i	line.			Care Hiller	Interval Between Onset and Death	
	disease or condition resulting in death) a. Sette Euro bol to Brain Due to (or As A consequence or):							
	readiting in death)	DUE TO (OR AS A CON	ISEOUENCE OF):					
Z	TUDA							
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CON	SEOUENCE OF):					
걸	cause. Enter UNDERLYING CAUSE (Diseese or Injury	C	OFOURHOE OF					
	thet initieted eventa resulting in death) LAST	DUE TO (OR AS A CON	SECUENCE OF):					
問		d						
AL	PART II. Other significant condition	s contributing to deeth but no	ot resulting in the underlyi	ng ceuse given in			24b. WERE AUTOPSY FINDINGS	
	HIV				1 _ YES	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
빌							1 YES 2 NO	
ž								
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		PLACE OF DEATH (Che	eck only one)			
1SI	1 _ YES 2 _ NO	1 Inpatient 2 ER/Outpatient	OTHER:	me 5 🗆 Residence	6 Other (Specify)			
H	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF 28c. II	JURY AT	28d. DESCRIBE HOW	INJURY OCCUR	ED	
B	1 Natural 5 Pending 2 Accident investigation			YES 2 NO			11	
ED	3 Suicide S Could not be	28e. PLACE DF INJURY — At building, atc. (Specify)	t home, farm, street, factory, of	ice	28f. LOCATION (Street City or Town, Stett		Rural Route Number,	
COMPLET		CIAN: To the best of my knowledge,						
🖁			or investigation, in my opinion,	death occured at the	time, date end place, e	nd due to the c	euse(e) and menner ee stated.	
BE	29b. SIGNATURE AND TITLE OF CERTIFIE	1///	-	29c. LICENSE NUN	ABER .	29d. DATE S	GNED (Menth, Day, Year)	
인	1 chael Go		D			61	494	
	30. NAME AND ADDRESS OF PERSON WH	A .		, ,,,,,		1		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATUR	2 S. Freena S.	1. Gult	MD 2	1031		
	JUN 0 9 1994	Julia Deviden	20.14					

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DIVISION

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNEAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within T2 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any Initory, or other traumatic event, the medical examiner must he marked as name.

	1 - STATE REGISTRAR		MENT OF HEALTH AND CATE OF DEATH	MENTAL HYGIENE REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Lest) ROSA Maxeu			2. DATE OF DEATH DAY	YEAR 3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5. SEX J () 2 7 7 2 1 M 2 X F		IF UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTN (Month, Dby, Year)	8. BIRTHPLACE (State or Foreign Country)
	9e. FACILITY NAME (If not institution, give street and number)	14	Db. CITY, TOWN OR LOCATION OF D	10/6/19 EATH 9c.	COUNTY OF DEATH
TO R	alice Mayor Nursin	GHORP -	Balt, Md.	21211	n/a
DIRECTOR	100. STATE 10b. COUNTY MARYLAND n/a	10c. CITY,	TOWN OR LOCATION BALTIMORE	,	10d. INSIDE CITY
	10e. STREET AND NUMBER 10f. ZIP CODE				1 TYES 2 NO
FUNERAL	937 MC ALEER COURT 11. MARITAL STATUS 12. WAS DECEDENT EVER		212		NITTED STAILS
B	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Merried 4 Divorced 12. WAS DECEDENT EVER FORCES? 1 YES FYES, GIVE WAR OR	S 2 NO	13. WAS DECENDENT OF HISPAL If yes, specify Cuben, Mexico 1 TES 2 NO Specifi	n, Puerto Rican, etc.)	9- 14. RACE — American Indian, Black, White, etc. Specify: BLACK
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)	(Give kind of wor	rk done during most of working	16b. KINO OF BUSINESS	
MPL	GRADE SCHOOL		employed	n/a	
BE CO	STEWART STROUD		DAIS		
TO BE COM	THEODORE FINCH	196. MAILING AI	BOONE ST, B	ALTIMORE, MD	e, <i>zip</i> Code) 21218
must o	20e, METNOD OF DISPOSITION 1 \[\times \text{Suriel} \ 2 \cap \text{Cremetton} \ 3 \cap \text{Removal from State} \] 4 \[\text{Donation} \ 5 \cap \text{Other} \((Specify) \)	Ob. PLACE AND DATE OF emeters cremetory or othe VUSHELL	r place1		N — City or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		22. NAME AND ADDRESS OF FA		E NOTTH AVE
9	23. PART I. Enter the diseeses, or complications that ceus	ed the death. Do not		CH FH. ·1101	
יאבעוו' וווב ווופח	IMMEDIATE CAUSE (Final disease or condition resulting in death)	a consequence of):	of Lengs		Interval Batween Onset and Death
MOIT	il any, laading to immediate	A CONSEQUENCE OF):			
CERTIFICATION	cause. Entar UNDERLYING CAUSE (Olsease or Injury that initiated events resulting in deeth) LAST d.	A CONSEQUENCE OF):			
CALC	PART II. Other significant conditions contributing to death	but not reaulting in	the underlying cause given in	Part I. 24s. WAS AN AUTOF PERFORMED?	
MEDIC	ASCUD .			1 YES 2 NO	COMPLETION OF CAUSE
				_	1 TES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		26. PLACE OF DEATH (Ch	ack only one)	
HYS	1 ☐ YES 2 ☐ NO ☐ 1 ☐ Inpetient 2 ☐ ER/Ou 27. MANNER OF DEATN ☐ 28e. DATE OF INJURY	tpatient 3 DOA 4	Norsing Nome 5 - Residence	6 ☐ Other (Specify) 26d. DE\$CRIBE HOW INJURY	OCCUPED
ВУ Р	1 Netural 5 Pending (Month, Day, Year) 2 Accident Investigation		WORK? M 1 YES 2 NO	200. DECOMBE NOW INSOM	OCCURED
	3 Suicide 6 Could not be 4 Homicide determined	RY — At home, ferm, streecify)	et, factory, office	281. LOCATION (Street end Nur City or Town, State)	mber or Rural Route Number,
COMPLET	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my kno one) 2 MEOICAL EXAMINER: On the basis of examination				
BE CC	29b. SIGNATURE AND TITLE OF CERTIFIER		29c. LICENSE NUI		DATE SIGNEO (Month, Day, Year)
10	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF O	FATN (ITEM 27) (Tons 4)	1026	178	618197.
	ANIL UBERLOC 4419	PALLS 10	//	om1)	21211
	31. DATE FILED (Month, Dey-Year) 32. BEGISTRAR'S SIG	NATURE			

DIVISION OF VITAL RECORDS, P.O. BOX 68760, A. BALTIMORE, MARYLAND 21215-0020	death. Page 6 may be retained by the hospital or attending physici	and discount of the same of the same of the same same of the same
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P.O. BOX 68760	th certificate be executed with	signature base solution and according
- RECORDS,	w requires that the dea	the age of second for the as
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31. DATE FILED (Month, Day, Year)

ILIN 0 9 1994

32. REGISTRAR'S SIGNATURE Sinden-Rudall

After

Pages 1, 2, 3 should permit. ransit and com burial, Hygiene prior to The atten and a been signed t. of Health a has be Dept. r this certificate h

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH MAPP ARRY 302A (0 6. AGE (In yrs/lest birthday) 5. SEX IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Fore) -60-1065 1 M 2 F HOURS PUTU 9a. FACILITY NAME (If not institution, give street and number 9b CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 73U/ 5 ELOURES KACTO, MI) RECTOR RESIDENCE OF DECEDENT 10d. INSIDE CITY 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION BACTU ō 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2XX10 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specity Yea or No—
If yes, specity Cuben, Mexican, Puerto Ricen, etc.) 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married 1 TES 2 X NO IF YES, GIVE WAR OR DATES Specify: BY BLACK 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 18a. DECEDENT'S USUAL OCCUPATION 16h KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) DISABLE 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) GEORGE MAPP SR. Ħ ADELL REDDON BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAICING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 ADELL REDDON 2149 HOLLINS ST. BALTO. MD 21223 pe 20a. METHOO OF OISPOSITION
1 10 Source 2 □ Cremation 3 □ Respoyel from State 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION — City or Town, State must cemetery, crematory or other 6/11/94 4 Donation 5 Other (Specify) BALTIMORE MD examiner 21-SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY ESTEP BROTHERS FUNERAL HOME P.A. 1300 EUTAW PLACE BALTO. MD 21217 medicai 28. PART .. Enter the diseasea, or complications that ceused the death. Do not enter the mode of dying, such as cardiec or reapiratory errest, Approximate ahock, or heart failure. Jist only one cause on each line. Interval Between Onset and Desth IMMEDIATE CAUSE (Finel disease or condition_ arryytemia resulting in desth) or other traumatic event, DUE TO (OR AS A CONSEQUENCE OF) is hoes Endone Adult CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leeding to immediate ceuse. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): 100 CAUSE (Disease or Injury that initiated events resulting in deeth) LAST 100 ruggent injury, (PART II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH? PERFORMED? shows any 1 | YES 2 10 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL: 1 YES 2 NO Inpatient 2 - ER/Outpatient 3 - DOA 4 Nursing Home 5 Residence 8 Other (Specify) 6 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Matural 5 Pending Investigation 1/4 M 1 YES 2 NO 2 Accident BY 28a. PLACE OF INJURY — building, atc. (Specify) At home, farm, street, factory, office 3 Suicide 281, LOCATION (Street and Number or Rural Route Number, COMPLETED 8 Could not be 4 Homicide 9 29a. CERTIFIER

(Chack only

(C 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, ith occured at the time, date and place, and due to the cause(a) and manner as stated. IMPORTANT 296: SIGNATURE AND TITLE OF CERTIFIE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE D43384 6.5.94 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Baltimone Licarylke

win

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within serviours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should

1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.								
	1. DECEDENT'S NAME (First, Middle, Lin AGNES	B.	MC	CKEON	2. DATE OF DEATH	DAY YEAR 3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 189–24–3798		GE (In yrs. lest birthday) O YRS.	IF UNDER 1 YEAR IF UNDER 24 H MONTHE DAYS HOURS M	RS. 7. DATE OF BIRTH	8. BIRTHPLACE (State or Foreign Scotland		
SO.	90. FACILITY NAME (If not institution, git NORTH ARUNDEL H	OSPITAL ASSO	CIATION	96. CITY, TOWN OR LOCATION OF	OF DEATH	9c. COUNTY OF DEATH A.A. COUNTY		
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COU			Y, TOWN OR LOCATION		10d. INSIDE CITY LIMITS?		
		ntgomery	Rc	oslyn 101, ZIP CODE		1 ☐ YES ②X NO 10g. CITIZEN OF WHAT COUNTRY?		
Y FUNERAL	III I MOTOL MOLITICA 2 MOLITICA	Place 12. WAS DECEDENT EVEL FORCES? 1 YE IF YES, GIVE WAR OF	ES 2 XNO	19001 13. WAS DECENDENT OF HI If yes, specify Cuban, M 1 YES 2\(\times \) YES	exicen, Puerto Ricen, etc.)	United States		
TED BY	15. DECEDENT'S E	ede completed)		USUAL OCCUPATION york done during most of working		White USINESS/INDUSTRY		
once.	Elementary/Secondary (0-12) 8 YTS • 17. FATHER'S NAME (First, Middle, Last)	College (1-4 or 5 +)	Sales		Retai			
111	Thomas Moore		T in the second	Cat	s NAME (First, Middle, Meide herine McAvo	ру		
be notified	Catherine T. N.		1524 8	ADDRESS (Street and Number or F St. James Place	e Roslyn, F	PA 19001		
Haust	1 Donation 5 Other (Specify)	emovat from State	cometery, cremetory or of HOLY Sepu	prosposition (Name of their place) pere Cemetery	6/11/94	Cheltenham, PA		
val.	21. SIGNATURE OF FUNERAL SERVICE	L. Eb	augh	22. NAME AND ADDRESS OF Kirkley-Rud 421 Crain H	dick Funeral	en Burnie, MD 21061		
u, cremation, or removal	23. PART I. Enter the diseases, is shock, or heert feiture immediaTE CAUSE (Finel disease or condition resulting in death)	a. Due to (OR A	d Men	lal State	S .	interval Between Onset and Death		
or other traumatic	Sequentielly list conditione, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	c. DUE TO (OR A	A CONSEQUENCE OF			re Evocadalia		
the State Dept. of Health and Menta , or Item 23 shows any Injury, 1YSICIAN: MEDICAL CE	PART II. Other significent conditions SIP. Pace M HU. Prace	none contributing to death	but not requiting	n the underlying ceuse give		AN AUTOPSY PINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
or Item Y	EXAMINER?	HOSPITAL:	outpatient 3 🗆 DOA	28. PLACE OF DEATH OTHER: 4 Nursing Home 5 Realde				
marked, or BY PHY			r) INJ	WORK? M 1 TYES 2 NO				
m 28 ls	4 Homicide determined	building, stc. (S			City or Town, State			
일 보 를	29e. CERTIFIER (Check only one) 2 MEDICAL EXAM			nd at the time, data and place, and		enner ea stated. and dua to tha cause(a) and menner as stated,		
IMPORTANT:	298. SIGNATURE AND TITLE AT CENTE	ann		29c. LICENSE	NUMBER 059	29d. DATE SIGNED (Mogth, Day, Year) 6.9.5 (
	MIRZA M. NUSAIR	EE, M.D./795	AQUAHART		NIE, MARYLAN	ID 21061		
	JUN 0 9 1994	32. REGISTRAR'S SI	GNATURE					

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O. BOX	andificants ha
DIVISION OF VITAL RECORDS, P.O. BOX 68760	LIVE ICIAMI. The face consises that the double confiden
OF VITAL	LIVE ICIANS. The face
DIVISION	TAL ON ATTENDIAL DE
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IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF I		IENTAL HYGIEN		
- 3	1. DECEDENT'S NAME (First, Middle, Last)	GEITTH	IOATE OF	7	2. DATE OF DEATH		3. TIME OF DEATH
10	Arthur LeM	ar MacRitchie	9			June 6,	1994 YEAR	м
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEAR		7. DATE OF BIRTH (Month, Day, Year)		HPLACE (State or Foreign
	293-16-7428	1 📉 M 2 🗆 F	70 YRS.	MONTHS DAYS	HOURS MIN.	July 4, 1		hio
œ	90. FACILITY NAME (If not institution, give 60 Cinder Road	street and number)			OR LOCATION OF DEA	ТН	9c. COUNTY OF D	
DIRECTOR	RESIDENCE OF DECEDENT			1 11110	JIII UIII		Dalti	lore
H	Monare 1 and 1		10c. CIT	Y, TOWN OR LOCA				10d. INSIDE CITY LIMITS?
	Maryland 100. STREET AND NUMBER	Baltimore		Timoniu	I. ZIP CODE		l	1 TES 2 X NO
FUNERAL	60 Cinder Road			10	21093		10g. CITIZEN OF	
5	11. MARITAL STATUS	12. WAS DECEDENT EYER I	N U.S. ARMED		ENDENT OF HISPANIC	C ORIGIN? (Specify Yes	or No 14. RAC	E — American Indian.
BY	1 Never Merried 2 Merried 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR D		If yes, sp	ecify Cuban, Mexican, 2 NO Specify:	, Puerto Ricen, etc.)	Spec	k, White, etc. White
	15. DECEDENT'S ED	UCATION WWII	16e. DECEDENT'S	USUAL OCCUPATION	ON .	16b. KIND OF BUS	SIMESS/IMPLISTED	wille
	(Specify only highest grad	completed) College (1-4 or 5+)	(Give kind of v life. Do NOT us	vork done during me	st of working	loo. Killo of Bos	SINE 33/INDO31 K1	
COMPLET		4	Electric	al Engi	neer	I A	Aero Spa	ce
_	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NAM	E (First, Middle, Meiden		
BE	Arthur 19a. INFORMANT'S NAME (Type/Print)	MacR		ADDRESS (Street	Elsie	oute Number, City or Town	Crabb	
임	Mary Ann Eusti	S				nchburg,		503
	20e. METHOD OF DISPOSITION 1 ☐ Burlel 2 💢 Cremetion 3 ☐ Rec	201	PLACE AND DATE Onetery, crematory or of	F DISPOSITION (N		DATE 20c. LO	CATION — City or T	
	4 Donation 5 Other (Specify)	Me	tro Crem	atory			tonsvil	Le, MD
	Bryan W. Cla). Waref	2	Lemr		ell-Wiedef		
┪	23. PART I. Enter the diseases, or	complications that dause	d the deeth. Do n	ot enter the mo	de of dying, auch	es cerdlec or respi	ratory arrest,	m, MD 21093
	IMMEDIATE CAUSE (Final	. List only one cause on e	V-2111			/		Intervel Between Onaat and Death
	diseese or condition resulting in death)	OUE TO (OR AS)	De PM	meny	laction	24		
		DUE TO (OR AS)	A CONSEQUENCE OF	0:1	6.6	••		1
5	Sequantially list conditions, if eny, leading to immadiate	DUE TO (OR AS	CONSEQUENCE OF	7 /2 9	acetyo	Α,		
HIIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury	c						
₿∥	thet initieted evente resulting in death) LAST	CLIC SE	CONSEQUENCE OF	11.1	e			
5		d.	J /IL	(////				
Z	PART II. Other significent condition	ns contributing to deeth b	out not resulting i	n the underlyIn	g ceuse given in P	PERFOR	MED?	. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDIC						1 YES 2	NO	COMPLETION OF CAUSE DF DEATH?
	DID TOBACCO USE	CONTRIBUTE TO	CALISE OF	DEATH Y	res (No			1 TYES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		CAUGE OF		ACE OF DEATH (Chec			
2	1 TES 2 X NO	HOSPITAL: 1 Inpatient 2 ER/Outp	patient 3 DOA	OTHER: 4 Nursing Hon	e 5 X Residence 6	☐ Other (Specify)		
	27. MANNER OF DEATH 1 X Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIM	URY WO	PRK?	28d. DESCRIBE HOW II	NJURY OCCURED	
à	2 Accident Investigation	28e PLACE OF INJURY	/ At home form a		YES 2 NO	004 1 004T(DN /0)	411 1 5 1	
COMPLETED	3 Suicide 6 Could not be 4 Homicide datermined	building, atc. (Spec	cify)	Riest, factory, offic		28f. LOCATION (Street a City or Town, State)	ind Number or Hural	Houle Number,
7		SICIAN: To the best of my know						
3	2 MEDICAL EXAMIN	IER: On the beale of examination	n end/or Investigatio	n, in my opinion, o	esth occured at the ti	me, date end pleca, en	d due to the ceuse(and menner se stated.
4	296. SIGNATURE AND TITLE OF CENTURE	tolf me	1		29c. LICENSE NUMB			(Month, Day, Year) 7, 1994
2	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type,	Print)	//	-	Julie	1 , 1774
	Robert B. Stolt:	z, MD PA 14	47 York	Road, sı	ite 605,	Timonium,	MD 210	93
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	ATURE					
	JUN 0 9 1994	Helia danie	er-Rardall					

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BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed will be a compared to the function page 6 may be retained by the hospital or attending physician.

TO THE FUNETAL DIRECTION: After this certificate has been signed by the attending physician and compared and compared to the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Oept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCICAE

1 - STATE REGISTRAR		С	ERTIFI	CATE OF	DEATH	MEHINE	REG. NO	O.			
1. DECEDENT'S NAME (First, Middle, Last)							OF OEATH			3. TIME OF DEA	ATH
RUSSELL R. N	1ATHE	RLY				MONTH		DAY	YEAR	1:25	A
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. le		IF UNDER t YEAR	IF UNDER 24 HRS.	7. DATE C	OF BIRTN		8. BIRTH	IPLACE (State or I	Foreign,
215-64-8870	1 ⋒ M 2 □ F	38	YRS.	MONTHS DAYS	HOURS MIN.	3 2	Day, Year)	956	Count	RULA	,1
9a. FACILITY NAME (If not institution, give	street and number)			96. CITY, TOWN	OR LOCATION OF O	EATH			INTY OF D	EATH SEATH	
Johns HODKIN	5 BAI	IVIEU		BA /T	IMOR	0					
RESIDENCE OF DECEDENT				Later I						-	
100. STATE 10b. COUNT	4	0 -	10c. CITY	, TOWN OR LOCA	TION				11	tod. INSIDE CIT LIMITS?	Y
FLAK Y LAND 1 DA	IIIMO	Re								1 YES 2	NO
10e. STREET AND NUMBER	- 11			1	Of. ZIP CODE			10g. CI1	IZEN OF	WHAT COUNTRY?	
FORE COURT	11				2/22/			11.	7	A.	
11. MARITAL STATUS 1 Never Married 2 Married	12. WAS OECEDE FORCES?	NT EVER IN U.S. AI			CENDENT OF NISPA pecify Cuban, Maxic			aa or No-	14. RACI Blac	E — American Inc k, White, atc.	ilen,
3 Widowed 4 Divorced	IF YES, GIVE	WAR OR DATES		1 🗆 YE	S 2 NO Speci	fy:			Spec	ily:	-
15. DECEDENT'S EDI	ICATION	16a D	ECEDENT'S	USUAL OCCUPAT	ION	1 465	KIND OF B	USINESS/IN	DUCTOV	While	2_
(Specify only highest grad	e completed)	(0		ork done during n		100.	KIND OF B	O SINE SS/IN	DOSTRI		
10	College (1-4 or 5	DR	LIACA	11 Ma	Lanie	14	OMI	o T	MA	PAVOM	017
17. FATHER'S NAME (First, Middle, Last)			1		16. MOTNER'S N	ME (First, M	liddle, Melde	n Sumame)	1/4/	COVET	en
Eldridge /	. Math	orl.	SP		JAAA	5	(3)	101	00	
19a. INFORMANT'S NAME (Type/Print)	1 104 17	/ 11	9b. MAILING	ADDRESS (Street	and Number or Rural	Route Numb	er, City or To	wn, State, Zi	to Code)	67	
Thomas Eve	214	1 2		TST	FAST 5	12 1	Salta	. 1	11	11218	
20a. METNOD OF DISPOSITION	7.7.	20b. PLACE	ANDDATEO	F DISPOSITION (lame of	DATE	20c. L	OCATION -	City or To	own, Stata	
1 B Burial 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	ioval from State	cemetery, cr	R P A	ner place)	Park	6/1	0 4/	wills.		MI	
21. SIGNATURE OF FUNERAL SERVICE L	CENSEE		117.11	22. NAME	ND ADDRESS OF F	CILITY	101	244	6	FU	01
DA1.01	70	- /		W. 01	brows	11	Cho	JNA	211	110	10/7
23. PART I. Enter the diseases, or	· (hon	mach	op h	1/005	Dynds		ive.	150	/To,,	Approxim	14
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	c	O (OR AS A COMSE	ilem):						Onset ar	
	0.										
PART II. Other significant condition	ns contributing to	o daath but not	rasulting in	n the underlyle	ng cause givan in	Part I.		N AUTOPSY	246	WERE AUTOPSY AVAILABLE PRIOR	
							1 D YES	2 NO		OF DEATN?	CAUSE
							Perm	2)	1	1 YES 2	NO
							G	glam	w		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		1	26. I	PLACE OF DEATH (C	heck only one	9)				
1 YES 2 NO	1 Inpatient 2		6 Other (Specify)								
27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE O (Month,	Day, Year)	26b. TIME	JRY W	JURY AT ORK?	28d. DEŞ	CRIBE NOW	INJURY O	CURED		
2 Accident Investigation	00 Pt 100	00.010000			YES 2 NO						
3 Suicide 6 Could not be 4 Nomicide determined	building	OF INJURY — At h g, atc. (Specify)	ome, farm, s	treet, factory, off	ca		TION (Street or Town, State		or Or Rural I	Route Number,	
29a. CERTIFIER											
(Check only 12 CERTIFYING PHYS					a and place, and du						
2 MEDICAL EXAMIN		examination and/or	Investigation	n, in my opinion,	death occured at the	time, data	and place,	and due to t	he cause(a) and menner as	stated.
296. SIGNATURE AND TITLE OF CERTIFIE					29c. LICENSE NU			29d. DA	TE SIGNED	(Month, Day, Year	r)
was my		NTERN			940	16			17	194.	
HOPKINS BAY	15W H	OS PITAL	EM 27) (Type,	Print) BALTIN	NORE 1	to E	AST.	gra.	AV	e.	
31. DATE FILEO (Month, Day, Year)	32, REGISTR	RAR'S SIGNATURE						vi T			
JUN 0 0 190	IN dell	· Kan	5								

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RE, MARYLAND 21215-0020	
BALTIMORE,	
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). BOX 68760,	
P.O.	

DIVISION OF VITAL RECORDS, P

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within anyours after death. Page 6 may be retained by the hospital or attending physician.

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	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI CERTIFIC	MENT OF H	EALTH AND M	ENTAL HYGIEN		
	1. OECEDENT'S NAME (First, Middle, Las	0	Λ-	41		2. DATE OF DEATH		3. TIME OF DEATH
	Kober	t J.	(^	1,1/20	SR.	MONTH O	6 94	7:00 AH
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE		F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTN (Month, Day, Year)	8. BI	RTHPLACE (State or Foreign
	216-52-1123	1 M 2 F	46 YRS.	ONTHS DAYS	HOURS MIN.			timore. MD.
	9a. FACILITY NAME (If not institution, give		9		R LOCATION OF DEAT		9c. COUNTY O	
E	225 Falcon Dr.	Lve		Pasa	dena		Anne A	rundel
<u> [</u>	RESIDENCE OF DECEDENT 10a. STATE 10b. COUN	ITY	10c. CITY. 1	TOWN OR LOCAT	ION			10d, INSIDE CITY
DIRECTOR	Maryland Anne	Arundel		Pasaden				LIMITS?XX 1 VES 2 NO
	10a. STREET AND NUMBER			101	ZIP CODE		10g. CITIZEN C	OF WHAT COUNTRY?
ER/	_ 225 Falcon Driv	J/P			21122			l States
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER I	N U.S. ARMED	13. WAS DEC	ENDENT OF NISPANIC		or No 14, R	ACE — American Indian.
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	2NO ATES	If yes, spe	city Cuben, Mexican, 21/2 NO Specify:	Puerto Rican, etc.)		Heck, White, etc. Specify: White
		Vietnam (1	••			
<u> </u>	15. DECEDENT'S ED (Specify only highest gra	de completed)	16a. DECEDENT'S US (Give kind of work life. Do NOT use of	k done durina mo:	ON st of working	16b, KIND OF BUS	SINESS/INDUSTR	Y
	Elementary/Secondary (0-12)	College (1-4 or 5+)		,				
COMPLETED	17. FATNER'S NAME (First, Middle, Last)		Boilern	naker	18. MOTNER'S NAME	(First, Middle, Maiden	al #193	
	Sylvest	ter John	Miller		Euni			elsh
) BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AL	ODRESS (Street a	nd Number or Rural Roo	ute Number, City or Tow	n, Stete, Zip Code)
2	Mrs. Paulette	E. Miller	225 Fa	alcon D	rive Pa	sadena, M	arvland	21122
	20a. METHOD OF DISPOSITION 1 M Burlel 2 □ Cremation 3 □ Ba		PLACE AND DATE OF I				CATION - City o	
	4 Donation 5 Other (Specify)	Ce	edar Hill	Cemete:		/10/94 Ba	ltimore	. Maryland
	21. SIGNATURE OF PUNERAL SERVICE	DOENSEE		MC C11	lly Funer	ITY		
	Merio To	Lynish		3204 1	Mountain	Rd. Pasa	dena, M	D. 21122
	23. PART I. Enter the diseases, D	r complications that cause a. Kist only ona cause on e	the death. Do not	entar tha mo	da of dying, such	ss cerdiac or respi	ratory arrest,	Approximata
	IMMEDIATE CAUSE (Finel			_	11010	, ,	P	Interval Batwean Onset and Death
	disease or condition resulting in death)	lleta	S feetle.	Sma	ell Cell C	arling 1	> hung)
_	_	DUE TO (OR AS A	CONSEQUENCE OF):			Į i		
ğ	Sequentielly list conditions, if any, leading to immediate	b. DUE TO (OR AS /	CONSEQUENCE OF):					
S	cause. Enter UNDERLYING CAUSE (Disease or injury	C.						
빌	that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):					
CERTIFICATION	resulting in deeth) LAST	d	-					
AL C	PART II. Other significant condition	one contributing to deeth b	ut not resulting in	the undarlying	ceuse given in Pa	ert I. 24s. WAS AN		24b. WERE AUTOPSY FINDINGS
1 () 1	Chron Bancrest	des				PERFOR		AMAILABLE PRIOR TO COMPLETION OF CAUSE
MEDIC						_	_ NO	OF DEATH? 1 Tes 2 No
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF DEATH (Check	k only one)		
YSI	1 TES 2 NO	1 Inpatient 2 ER/Outs		THER:	e 5 Residence 6	Other (Specify)		
표	27. MANNER OF DEATN S Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME C	Y WO	URY AT 2	8d. DEŞCRIBE HOW I	NJURY OCCURED	,
B	2 Accident Investigation				res 2 No			
<u>a</u>	3 Suicide 8 Could not b 4 Homicide determined	e 28e. PLACE OF INJURY building, etc. (Spec	- At nome, farm, stre	et, factory, office	2	181. LOCATION (Street of Cify or Town, State)	and Number or Ru	ral Route Number,
ᄪ	29a. CERTIFIER	(DICIAN T. M. A.			on the orest			
COMPLET		SICIAN: To the best of my know NER: On the basis of examination						
- 1	299. SIGNATURE AND TITLE OF CERTIF							1
8	Type 1 Of	De L. ma			290 CICENSE NUMB		29d. DATE SIGN	NED (Month, Dhy, Year)
일	30. NAME AND ADDRESS OF PERSON V	THO COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Pr	int)	9)		1)	1.4.1.1
	Bussell K, O	eleconto.	3001	S. Ha	JAMPS ?	7 (3	Ham	12/2025
	31. DATE FILED (Month, Day, Year)	. DEGISTERAR'S SIGN	ATURE		VIIV	1	119-7	7. 1100
	2011 U 9 1334	The state of the s	-North					

DIVISION OF VITAL RECORDS, P.O. BOX 68760,		
I OF VITAL RECORDS, P.O.	BOX 68760,	
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FOR STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEOENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH JOHN 7. DATE OF BIRTH (Month, Day Vine 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. lest birthday IF UNDER 1 YEAR 1 € M 2 □ F Maryland 213-32-3241 has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should Dept. of Health and Mental Hydrene prior to burial, cremation, or removal.

2.3 shows any injury, or other traumatic event, the medical examiner must be notified at once. 90. FACILITY NAME (If not ins 9b. CITY, TOWH OR LOCATION OF DEATH 9c. COUNTY OF DEATH 6023 DIRECTOR RESIDENCE OF DECEDENT 10e. STATE 10c. CITY, TOWN OR LOCATION Baltimore 10b. COUNTY 10d. INSIDE CITY Maryland (Brooklyn Park) Anne Arundel 1 YES 2XX NO FUNERAL 10a. STREET AND NUMBER 109. CITIZEN OF WHAT COUNTRY? 21225 6023 Ritchie Highway after death. Page 6 may be retained by the hospital or attending physician, 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☑ YES 2 ☐ NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS WAS OECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—
If yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, 1 Never Married 2 Merried BY 1 YES 2XXNO Specify. 3 Widowed 4XXDivorced White Korea COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY intary/Secondary (0-12) College (1-4 or 5+) 10th Grade Steamfitter UA Union Local 438 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname)
Beatrice Anna Schweiger Ernest Alonzo McAllister BE 19a. INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Street and Number or Aural Route Number, City or Town, State, Zlp Code)
309 Seward Avenue, Baltimore, Maryland 2 21225 Mrs. Jewel M. McAllister 20a. METHOD OF DISPOSITION
1 ☑ Burlal 2 ☐ Cremation 3 ☐ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State OATE 1 Donation 5 Other (Specify) Cedar Hill Cemetery 6/7/94 Baltimore, Maryland NATURE OF PUNERAL SERVICE LIGENSEE Kevin Ecker 22. NAME AND ACCORESS OF FACILITY HOME of Brooklyn 237 E. Patapsco Ave., BAlto., Md. 21225 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or reepiretory arrest, ehock, or heart fellure. List only one cause on each line. Intarval Between IMMEDIATE CAUSE (Final Onset and Death diseese or condition resulting in death) executed within DUE TO (OR AS A CONSEQUENCE OF MEDICAL CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate 8 Cause. Enter LINDERLYING death certificate CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other eignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS that PERFORMED? MAIL ARLE PRIOR TO COMPLETION OF CAUSE 1 - YES 2 106 1 YES 2 NO PHYSICIAN: AMP. 25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 VES 2 NO or item PHYSICIAN: The 26. PLACE OF DEATH (Check only one) DIRECTOR: After this certificate I hours after death with the State HOSPITAL: OTHER 1 | Inpatient 2 | ER/Outpatient 3 | DOA me 5 Résidence 8 🗆 Other (Specify) 27. MANNER OF GEATH 28a. DATE OF INJURY marked, 28b. TIME OF 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCUREO 1 Netural 5 Pending investigation BY 1 YES 2 NO ATTENDING 2 Accident 28s. PLACE OF INJURY - At home, ferm, street, factory, office 69 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town: State) 8 Could not be COMPLETED 28 4 Homicide item B 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. FUNERAL I HOSPITAL MPORTANT: If 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and m BE 29d. DATE SIGNED (Month, Day 불분 060 2 e 2 EYEO CAUSE OF DEATH (ITEM 27) (Type, Print) Funa Day day 1994 9 0

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

ô. L. T.

3. TIME OF DEATH

8. BIRTHPLACE (State or Foreign

Maryland

IOd. INSIDE CITY YES 2 NO

14. RACE — American Indian, Black, White, atc.

Bl.ack

Approximate interval Between

24b. WERE AUTOPSY FINDINGS WAILABLE PRIOR TO

1 TYES 2 NO

OF DEATH?

COMPLETION OF CAUSE

Onset and Death

YEAR

USA

994

REG. NO.

BALTIMORE, MARYLAND 21215-0020

STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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2. DATE OF DEATH Elizabeth NEAL June 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 1 M 2 D F 2-18-7286 Sept 1916 permit, Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 2121 Presbury Street Baltimore 10b. COUNTY toc. CITY, TOWH OR LOCATION Maryland Baltimore FUNERAL 10s. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? use as the burial-transit 2121 Presbury Streeet 21217 retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-if yes, specify Cuban, Mexican, Puarto Rican, stc.) FORCES? 1 YES 2 NO 1 Never Married 2 Married 1 YES 2 NO Specify В 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe jo Elementary/Secondary (0-12) College (1-4 or 5+) funeral director, page 5 should be detached 6th Grade Housewife Domestic 17. FATHER'S NAME (First Middle Last) t8. MOTHER'S NAME (First, Middle, Maiden Surname) at a Joseph Johnson BE Agnus Pratt notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 2 James Neal Presbury Street Baltimore, Maryland 21217 g Pe 20e. METHOD OF DISPOSITION Page 6 may 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE must Burial 2 Cremation 3 Removal from Stata MD Veteran Cemetery/Garrison 6/10 4 Donation 5 Other (Specify) Owings Mills, MD examiner 21. SIGNATURE OF FUNERAL SERVICE-LICENSEE 22. NAME AND ADDRESS OF FACILITY Nutter Funeral Homes Inc required by the attending physician and completely filled in by the funeral way any links and help the funeral way any links. 2501 Gwynns Falls Parkway Day Lens Baltimore, Maryland 21216 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, auch as cardiac or respiretory arrest, abock, or heart feliure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING LP CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST stor 0 injury, PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? requires that the MEDICAL any 1 TYES 2 NO Shows t, of I PHYSICIAN: DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO has be Dept. WE 23 25. WAS CASE REFERRED TO MEDICAL this certificate ha 26. PLACE OF DEATH (Check only one) Пеш **EXAMINER?** OTHER: 1 YES 2 NO OR ATTENDING PHYSICIAN: 1 Inpatient 2 ER/Outpatient 3 DOA 6 Other (Specify) 0 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT 26d. DESCRIBE HOW INJURY OCCURED marked, INJURY 1 Natural 5 Pending Investigation M 1 YES 2 NO DIRECTOR: After to hours after death BY 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, atc. (Specify) 3 Sulcida 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 69 6 Could not be COMPLETED 500 4 Homicide Item 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. (Check only one) FUNERAL I 2 MEDICAL EXAMINER: On the baels of axi ninstion and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(a) and manner as stated. TO THE HOSPITI TO THE FUNERA Be filed within 7 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, BE

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

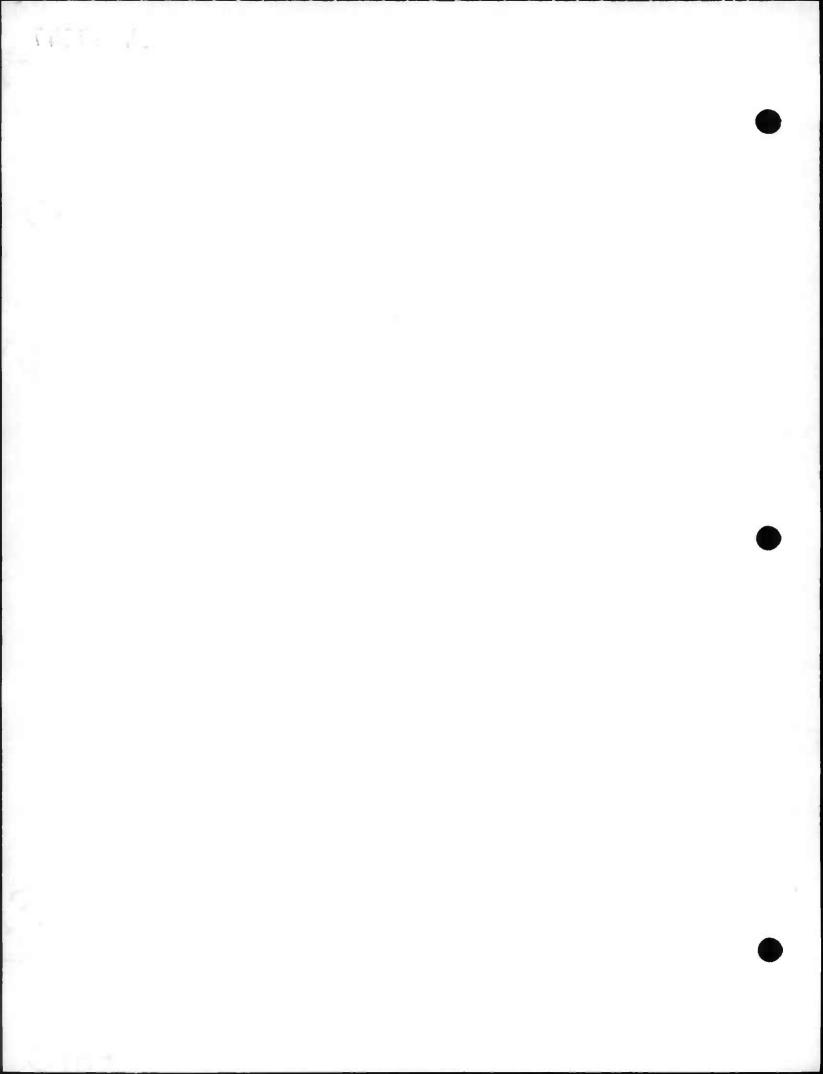
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

DHMH-16 Rev 1/89





BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within z nours after death. Page 6 may be retained by the hospital or attending physician.	
FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	
Within I. Double uping the Pearls also when the Pearls are replaced to the model occurring the model of the model of the model occurring the model of the model occurring the model occurr	
we ally injury, or officer	

TO THE HOSPITAL OF THE FUNERAL DE FILE WITHIN 72 ho

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR ALTHEA MALLEY 6.50P 14 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Yea IF UNDER 1 YEAR 8. BIRTHPLACE (State or Foreig 020323811 Maine ST 6 DAYS HOURS 1 M 2 PF YRS. 2-1 9s. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH HOWARD COON COUNT DIRECTOR HOWARD COUNTY. MI HOWARN RESIDENCE OF DECEDENT 10s STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND HOWARD ELLICOTT CITY 1 X YES 2 NO FUNERAL 10. STREET AND MIMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 9513 LONGVIEW DRIVE 21042 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 SNO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cubsn, Maxican, Puarto Rican, etc.)

1 YES 2 NO Specify: 11. MARITAL STATUS 14. RACE — American Indian, Black, Whits, stc. FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 1 Never Married 2 Married Specify: BY 3 ₭ Widowed 4 Divorced WHITE 16a. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INOUSTRY (Specify only highest grade comp (Give kind of work done during ife. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5 +) 12 HOMEMKAER OWN HOME 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) DENNIS McLAINE CUDWORTH BE TNA 19s. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 2 ALTHEA GIBBONS 9513 LONGVIEW DRIVE, ELLICOTT CITY, MD. 21042 20s. METHOD OF DISPOSITION

1XX Burlsi 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, Stats DATE FOREST HILLS CEMETERY ■ Donation 5 ☐ Other (Specify) JAMAICA PLAIN, MA 21. SIGNATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY STERLING ASHTON FUNERAL HOME, INC. laste M00550 736 EDMONDSON AVE., BALTIMORE, MD. 21228 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximate shock, or heart fellure. List only one ceusa on each line Interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition umonia ays resulting in death) DUE TO (OR AS A CONSEQUENCE OF): horonic Obstructive Pulmonay Discar CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initisted events DUE TO (OR AS A CONSEQUENCE OF) resulting in death) LAST PART il. Other algolificent conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? Vascullar acciden 1 YES 2 19 NO 0 - COLON 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO [PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER 1 Pinpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO В 2 Accident 28e. PLACE OF INJURY — At homs, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be COMPLETED 4 Homicide determined 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner se stated. (Check only one) 2 _ MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 14510 1022 need 94 9 PLETED CAUSE OF DEATH (ITEM 27) (Type, Print) MD 31061 CT. CILEN

BOSZ MONTAGUE

32 AEGISTRAR'S SIGNATURE

E MUNEER

31. DATE FILED (MONTH, Day, Year)
JUN 09 199.

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burda-transit nermit. Pages 1 2 should
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF I	MARYLAND /	DEPAR ERTIF	RTMENT	OF H	IEALTH DEA	AND I	MENTA	L HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last)	Pern	1						2. DATE	OF OEATH	MV	YEAR 994	3. TIME OF CEATH 12:50 DM
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las		IF UNDER	DAYS	IF UNDER	24 HRS.	7. DATE	OF BIRTH		a PIOTI	HPLACE (State or Foreign
	214-20-0069 9e. FACILITY NAME (If not institution, give si	1 M 2 F	57	YRS.	9h CITY			ON OF OR		-29-26	_	INTY OF E	Georgia
OR	Bon Secour Hospi							Mary		d	sc. 000	INTY OF C	PEATH
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN O	R LOCAT	ION						10d. INSIDE CITY
	maryland						Ba1	timo	re				LIMITS? 1 X YES 2 NO
FUNERAL	819 McKean St.					101.	ZIP COO	E 2121	7		10g. CIT	U.S.	WHAT COUNTRY?
S	11. MARITAL STATUS	12. WAS DECEDEN	IT EVER IN U.S. AR	MEO	13. W	AS DEC	ENDENT (OF HISPAN	IC ORIGI	N? (Specify Ye	n or No-		E — American Indian, ik, White, etc.
B	1 🙀 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE V	MAR OR DATES					Specify		Rican, etc.)		Spec	
COMPLETED	15. OECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	completed)	(G	CEDENT'S ive kind of a	USUAL OC work done di se retired.)	CUPATIO uring mos	ON st of working	ng	166	. KIND OF BU	SINES\$/IN	OUSTRY	
MPL	Entiremany/Secondary (0-12)	College (1-4 or 5	*'	Но	useke	epe:	r						
	17. FATHER'S NAME (First, Middle, Last) Boysie S1	appy					18. MOT	HER'S NA		Middle, Maider	,		
BE	19a. INFORMANT'S NAME (Type/Print)	<u> </u>	191	b. MAILING	ADDRESS	(Street si	nd Numbe	or Rural F		Maud I	4		
٩	Charles S	lappy		816	Whitn	nore	Ave	. B	alti	more,	Mary	land	21216
	20a. METHOO OF DISPOSITION 1	oval from State	20b. PLACE / camatery, cra						1	8 Bal			
	21. SIGNATURE OF FUNERAL SERVICE LIG	Sesserio Descrio	w		22. N			SS OF FAC					wn Community
	23. PART I. Enter the diseases, or c shock, or heart failure. I	omplications tha list only one cau	it caused tha de use on each line	ath. Do r	not antar t	ha mod	da of dy	ing, sucl	h as can	diac or resp	iratory sn	rest,	Approximata interval Between
	IMMEDIATE CAUSE (Final Onset and Death										Onset and Death		
	disease or condition resulting in death) S. Bilateral in travarial hemon hay a												
NO	Sequentially list conditions, if any, lasding to immediata												
SA	cause. Entar UNDERLYING CAUSE (Disease or injury												
CERTIFICATION	that initiated events resulting in death) LAST	OUE TO	(OR AS A CONSEC	DUENCE OF	F):								
R	PART II Other significant condition		doods had not										
SAL	PART II. Other algorificant conditions Dicheles							given in	Part i.	PERFO		24b	WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE
MEDICA					/ /	7 7 .			_	1 YES	JNO		OF DEATH?
	25. WAS CASE REFERRED TO MEDICAL												
PHYSICIAN:	EXAMINER?	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER:	:		EATH (Che	-				
PHY	27. MANNER OF OPATH	28a. OATE OF (Month, D	INJURY	28b. TIM		Bc. INJL	JRY AT			CRIBE HOW	NJURY OC	CURED	
ВУ	1 Natural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be	26e, PLACE O	F INJURY — AI ho	/	Z M		ES 2	NO	^	17		-	
ETED	4 Homicide determined	banaing,	etc. (Specify)		ATOMI, TECIO	y, office			City	or Town, State)	and Number	or Hural F	Houte Number,
4PL	29e. CERTIFIER CHECK ONLY												
COMP		_	xamination and/or i	nveatigatio	n, In m) op	inion, de	eath occur	ed at the	time, date	and place, ar	nd due lo it	ne cause(a	a) and manner as stated.
O BE	296. SIGNATURE AND TITLE OF CONTIFIER	12	/ Lu	un	/n	0		NSE NUM	- Own	36	29d. DAT		(Month, Day, Year)
0													
	2846 W. L.	COMPLETED CAUS	SE OF DEATH (ITEM	27) (lype.	Fine)	40	~0r	-	m	7 2	171	1/	

Pruli -.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Durs after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE OF	DEATH	B	EG. NO.				
1/2	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF E			3. TIME OF DEATH		
1	GEORGE		PETERSO	NT.		MONTH	DAY	– YEAR – 94	n/a "		
			rs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	6 - 7. DATE OF B	6		PLACE (State or Foreign		
1				MONTHS DAYS	HOURS MIN.	(Month, Day	y, Year)	Countr	y)		
	230-40-0220		63 YRS.			Mar. 5	, 193	1 S. C	AROLINA		
1	9e, FACILITY NAME (If not institution, give street a	and number)		9b. CITY, TOWN	OR LOCATION OF DE	EATH	90	c. COUNTY OF D	EATH		
6	2714 E. PRESTON STR	REET		BALTI	MORE			N/A			
5	RESIDENCE OF DECEDENT							14/11			
DIRECTOR	10s. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCA	TION				10d. INSIDE CITY LIMITS?		
ā	MD N/	/A	BA	ALTIMORE					1 X YES 2 NO		
4	10e. STREET AND NUMBER				f. ZIP CODE	*	10	g. CITIZEN OF V	WHAT COUNTRY?		
5	2714 E. PRESTON STR	REET			21212						
FUNERAL		WAS DECEDENT EVER IN U.S	S ARMED	12 WAS DE	21213 CENDENT OF HISPAN	HC OBIOINS (C.	and the Man and	U.S.A	- American Indian,		
	1 Never Merried 2 X Merried	FORCES? 1 YES 2	XNO	if yes, s	ecify Cuben, Mexico	n, Puerto Ricen			. — American Indian, c, White, etc.		
B	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES	S	1 TYE	Specify	y:		Speci			
ED	15. DECEDENT'S EDUCATIO	N	- DECEDENT'S	IICIIII OOOUBUT					BLACK		
	(Specify only highest grade comp	pleted)	(Give kind of a life. Do NOT us	WORK done during m	ost of working	18b. KJN	D OF BUSINE	SS/INDUSTRY			
ا تا ا	GRADE SCHOOL	oliege (1-4 or 5+)	and. Do NOT de	se remed.)							
Σ			SERVIC	E MAN				RE SERV	CE		
COMPLET	17. FATHER'S NAME (First, Middle, Last)				18, MOTHER'S NA	ME (First, Middle	, Maiden Sum	name)			
w	EARL PETERSON				ISADORA	A PETER	RSON				
B	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	and Number or Rural i	Route Number, C	ity or Town, St	tate, Zip Code)			
2	EVELYN EDMONDS		4424	CHERRY T	REE LANE	/SYKES	VILLE	MD 21	734		
	20s. METHOD OF DISPOSITION	20h Pl		OF DISPOSITION /N		DATE		ION — City or To			
	1 F Burlet 2 Cremetion 3 Removal 4 Donation 5 Other (Specify)	from State cemeter	ry, cremetory or o	ther place)					37-24		
	21. SIGNATURE OF FUNERAL SERVICE LICENSE	FF.	OR'L'HV TE	W CEMET	ERY ND ADDRESS OF FA		FLORE	NCE, S.	C		
					F.H. EAS						
1 1	1 die 0:30	olland		1101	E. NORTH	VAE \E	ατ.πτΜ	ORE. MD	21202		
	23. PART I. Enter the diseases, or comp	plications that caused th	a death. Do r	not enter tha me	oda of dylng, suc	h as cardiac	or respirato	orv arrest.	Approximata		
	ahock, or haart fallure. List	only one cause on each	lina.					.,	Interval Batwean		
	iMMEDIATE CAUSE (Final disease or condition	1/4	Pa ==	Sali	0	-00			Onset and Death		
	resulting in death) a	viing	cource	1 - 70	emm	ace					
		DUE TO (OR AS.A)CO	INSEQUENCE OF	F):							
중	Sequentially list conditions, b.										
ΙĔΙ	if any, laading to immediata	DUE TO (OR AS A CO	INSEQUENCE OF	F):							
2	CAUSE (Disease or injury										
E I	that initiated aventa	DUE TO (OR AS A CO	INSEQUENCE OF	F):							
CERTIFICATION	reaulting in daath) LAST										
1 1	DART II Other clouddens on dates										
DICAL	PART II. Other aignificant conditions co	intributing to death but i	not reaulting	in the underlyin	g causa given in	Part I. 24a	PERFORMED		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
음						1	YES 2	NO	COMPLETION DF CAUSE OF DEATH?		
ME									1 YES 2 NO		
	DID TOBACCO USE CO	NTRIBUTE TO C	AUSE OF	DEATH	YES IN NO						
SICIAN:	25. WAS CASE REFERRED TO MEDICAL				LACE OF DEATH (Ch	eck only one)					
2		OSPITAL:		OTHER:							
HYS	27. MANNER OF DEATH	Inpatient 2 ER/Outpatie			ne 5 Realdence						
효	1 Netural 5 Pending	(Month, Day, Year)	28b. TIM INJ	URY W	JURY AT DRK?	28d. DESCRIE	BE HOW INJUI	RY OCCURED			
BY	2 Accident Investigation				YES 2 NO						
	3 Suicide 8 Could not be	28a. PLACE OF INJURY — i building, atc. (Specify)	At home, farm,	street, fectory, offi	om .	28f. LOCATION City or Tox	N (Street and I	Number or Rural R	toute Number,		
E	4 Homicide detarmined						•				
OMPLET	29e. CERTIFIER 1 CERTIFYING PHYSICIAN	: To the best of my knowledg	se, death occurr	ed at the time det	and place, and due	to the councin	and manner	an atalad			
Σ	one) 2 MEDICAL EXAMINER: Or) and manner or stated		
8				,y spinnoit,							
BE	296. SIGNATURE AND TITLE OF CERTIFIER	100			29c. LICENSE NUI	MBER	29	d. DATE SIGNED	(Month, Day, Year)		
0	12 WILL	ellen.	m		1)37	065		June	6,1774		
F	30. NAME AND ADDRESS OF PERSON WHO CO	MPLETED CAUSE OF DEATH		Print)	100	01 0	0 /	Yh.			
	31. DATE FILED (Month, Day, Year)	Chia MS	CO)	5 /451	In Row T	Blid	152	110 5	1557		
	JUN 0 9 1994	32. REDISTRAR'S SIGNATU	~ Andel	٤							

32. REGISTRAR'S SIGNATURE Sinden-Rudall

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

FOR STATE REGISTRAR

31. DATE FILED (Month, Day, Year)

HIN 0 9 1994

TO THE HESPI CHARACTORS PHYSICIAN: The law requires that the death certificate be executed with. Thours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTORS After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page be filled within the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPURIMY. It tem to is marked, or tiem to shows any injury, or other datingue event, the intential examiner must be notined at once.
TO THE HUSPINGER DIRECTOR TO THE FUNERAL DIRECTOR De filed within 72 hours after	IMPURIMENT IN HER 20

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH hnie PM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In vrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreig Month, Day, Year) 11/11/35 DAYS HOURS 250-52-5798 1 🔀 M 2 🗌 F 57 S.C. YRS 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR UNIVERSITY HOSPITAL BALTIMORE RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10a. STATE 10d. INSIDE CITY MD BALTIMORE 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1030 N. GILMORE ST. 21217 U.S.A. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Cuban, Maxican, Puarto Rican, etc.)
1 YES 2 NO Specify: 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMEO 14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 1 Never Married 2 Married Specify: В 3 Widowed 4 Divorced AFR. AMERICAN BE COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) DISABLE TRUCKER UNKNOWN 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle Maiden Surname) MELVIN CHAMBERS HATTIE WOMACK 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 ANNA PORTEE 1030 N. GILMORE BALTO. MD 21217 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, Stata 1 Surial 2 Cremation 3 Removal from State
4 Donation 6 Other (Specify) ARBUTUS MEM. PARK ARBUTUS MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY ESTEP BROTHERS FUNERAL HOME P.A. 1300 EUTAW PLACE BALTO. MD 21217 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory screet, shock, or heart feliure. List only one cause on each line. Approximate intervei Batwee **IMMEDIATE CAUSE (Fine)** Onset and Death diseese or condition DUE TO (OR AS A CONSEQUENCE OF) rd resulting in death) 106-10:1 hours MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leeding to immediate ceuse. Enter UNDERLYING DOE TO (OR AS A CONSEQUENCE OF): CAUSE (Disease or injury thet initieted events resulting in death) LAST north PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Pert I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 1 - YES 2 - NO OF DEATH? CONCRUPTION Stear MI 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
4 □ Nursing Home 5 □ Residence 6 □ Other (Specify) 1 NES 2 NO Inpetient 2 ER/Outpetient 3 DOA 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCUREO 1 Natural 5 Pending Investigation 1 YES 2 NO В 2 Accident
3 Suicide 26a. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Soscify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be COMPLETED 4 Homicide CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as attend. (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and pla 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE Varie X D WW. 9

B. Itmore MODI

30. NAME AND AODRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

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BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

death certificate be executed within a nours after death. Page 6 may be retained by the hospital or attending physician.

attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should mital Hygiene prior to burial, cremation, or removal. Once. F notified Pe must medicai examiner the event, requires that the death certificate be executed with traumatic other 0 the atten Mental I any injury, signed by the Shows peen has be Dept. (The law r 23 certificate h item HOSPITAL OR ATTENDING PHYSICIAN: the 0 this c. is marked, After 1 death DIRECTOR: A hours after of them 28 is TO THE HOSPITAL OF THE FUNERAL DE filed within 72 ho

L.R.B. Item7 6-9-94 FilmG712 W.H.per F.H FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATN 3. TIME OF DEATH JUNE 02 NANCY Mozelle Epps PETERSON 1994 9:13P 4 SOCIAL SECURITY NUMBER 5 SEY 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR | IF UNDER 24 HRS. 6. BIRTHPLACE (State or Foreign DAYS 228-28-8757 1 M 2 VF 66 YRS. June 28 Virginia 9e. FACILITY NAME (If not institution, give street end number) 9h CITY TOWN OR LOCATION OF DEATH 9c COUNTY OF DEATH DIRECTOR 5722 WINNE WINNER AVE. Baltimore City. 10b. COUNTY 18c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore 1 X YES 2 NO FUNERAL 10s. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 5722 Winner Avenue 21215 IISA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 X NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 Merried If yes, specify Cuben, Mexicen, Puerto Rican, atc.) IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify Specify: BY 3 X Widowed 4 Divorced Bl.ack COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high nentery/Secondary (0-12) College (1-4 or 5+) 7th Grade Maintenance/Housekeeping Sinai Hospital 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surneme) Moses Epps Dolly Crawley 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 4020 N. Rogers Ave Mattie Epps Apt B 21207 Baltimore, MD 20a METNOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE 2 Cremation 3 Removal from State Donation 5 Other (Specify) MD National Memorial Park 6/8 Laurel, Maryland 22. NAME AND ADDRESS OF FACILITY Nutter Funeral Homes, Inc 21. SIGNATURE OF EUNERAL SERVICE LIGHASEE 2501 Gwynns Falls Parkway
Marvland 21216 pern Baltimore, Maryland 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate ahock, or heart failure. List only one cause on each line Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) Arteriosclerotic Cardiovascular Disease DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury

CERTIFICATION DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO MEDICAL COMPLETION OF CAUSE 1 YES ZX NO Inquiry 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATN (Check only one) OTHER:
4 | Nursing Home 5 | Residence 6 | Other (Specify) HOSPITAL: 1 X YES 2 NO 1 | Inpetient 2 | ER/Outpetient 3 | DOA 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? Natural 2 28d. DESCRIBE NOW INJURY OCCURED 1 YES 2 NO BY Accident Investigation 28e. PLACE OF INJURY — At home, term, street, tactory, office building, etc. (Specify) 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be determined COMPLETED 4 Homicide 29e. CERTIFIER

(Chack only

1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner se stated. MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(e) and menner ee stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE B. Chute Ms for Mario Golk MO O.C.M.E. ▶ JUNE 03 1994 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Mario F. Golle Jr. M.D. 111 Penn Street, Baltimore, Maryland 21201 31. DATE FILED (MORITY, Day, Year)

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DIVISION OF VITAL RECORDS, P.O. BOX 68

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the Most after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - REGISTRAR	CERTIFIC	ATE OF DEATH	REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last) Pala (00		2. DATE OF DEATH DAY	GA.	3. TIME OF DEATH			
College	223 52 78/2 10 M2 XF	58 YRS. MO	UNDER 1 YEAR IF UNDER 24 HRS. NTHS DAYS HOUTIS MIN.		936 Vi	rginia			
TOR	9a. FACILITY NAME (If not institution, give alreat and number) RESIDENCE OF DECEDENT	st 1	32/17 MOVE	, MO	Baut	Cotty			
DIRECTOR	10a. STATE 10b. COUNTY Maryland		own or Location timore	1		10d. INSIDÉ CITY LIMITS? 1 XYES 2 NO			
FUNERAL	10e. STREET AND NUMBER 3310 Croydon Road		101. ZIP CODE 21207		109. CITIZEN OF W				
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	B 2 XNO	13. WAS DECENDENT OF HISPAI if yes, specify Cuban, Maxica 1 YES 2 NO Specify	n, Puerto Rican, etc.)	or No— 14, RACE Black Specif	- American Indian, White, atc. y: Black			
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)	16a, DECEDENT'S US (Give kind of work life, Do NOT use re	done during most of working	16b. KIND OF BUSI	NESS/INDUSTRY				
MPI	High School	Assemb1	y Worker		Electri	ic Co.			
	17. FATHER'S NAME (First, Middle, Lest)			ME (First, Middle, Maiden S	umame)				
BE	Herbert Patterson 198. INFORMANT'S NAME (Type/Print)	19b. MAILING AD	Dora Sh		State Zin Code)				
5	Albert B. Paylor			Baltimore, N		21207			
	20a. METHOD OF DISPOSITION 2	Ob. PLACE AND DATE OF Demetery, crematory or other	ISPOSITION (Name of		ATION — City or Ton				
	4 Donation 5 Other (Specify)	Noodlawn Ce	metery	6/9 Bal.t	cimore Co	ounty, MD			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE HELDEST E MILLE	a.	22. NAME AND ADDRESS OF FA 2501 Gwynns F Baltimore, Ma	Calls Parkwa Cryland 212	Funeral H 216	Homes, Inc			
CERTIFICATION	disease Dr condition resulting in death) s. Cut Ful mutal put to (OR AS A CONSEQUENCE OF): Due to (OR AS A CONSEQUENCE OF): B. Due to (OR AS A CONSEQUENCE OF):								
	PART II. Other significant conditions contributing to death	but not resulting in t	ha underlying cause given in	Part I. 24a. WAS AN A		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO			
: MEDICAL				1 YES 2 {		COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATH (CA	eck only one)					
SIC	EXAMINER? 1 YES 2 NO HOSPITAL: 1 Inputer 2 ER/O		THER: Nursing Home 5 Residence	8 Other (Specify)		F 24 ()			
BY PHY	27. MANNER OF DEATH 1 Natural 5 Pending Investigation Investigation Pending Investigation Investiga								
8	3 Suicide 8 Could not be determined 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Yown, State)								
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my km one) 2 MEDICAL EXAMINER: On the basis of examinating					and menner as stated.			
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER CLLUTT HOLD 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF	DEATH (ITEM 27) (Type, Pri	29c. LICENSE NUI	MBER	29d. DATE SIGNED	(Mgmth, Dayy Year)			
	JEEGIM HWONE, MD 31. DATE FILED (Month, Day, Year) 32. DEGISTRAGE SI	22 5	6, 618Em 3	t. Bast	imm t	1021201			
	JUN 0 9 1994 guita Deur	- Malmore			539				

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Anours after death. Page 6 may be retained by the hospital or attending physician.	10 THE FUNEXAL UMECUAL AIGH THIS CHINICALE HAS DEEN SQUEED BY THE ALCHOMING PRYSICIAL AIM COMPRENDY INFO IN DV THE TUNEFIELD STROUG DE DETACHED TOT USE ÀS THE DUTAL-TRANSIT PERMIT, PAGES 1, 2, 3 Shout be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - FOR STATE REGISTRAR	TATE OF MARYL	AND / DEPART							
	1. DECEDENT'S NAME (First, Middle, Last)		OLITIRIO	AIL OI	DEATH	REG. NO	***	3. TIME OF DEATH		
	VERA JANE	ROSE				JUNE 9. 1994 1:4				
	4. SOCIAL SECURITY NUMBER 5. S			F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIF	RTHPLACE (State or Foreign		
	212 22 6966 1 9a. FACILITY NAME (If not institution, give street a	M 2 F	84 YRS.	ONTHS DAYS	HOURS MIN.	(Month, Dey, Year) 08/24/19	909 V	irginia		
CTOR	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF OEATH 9c. COUNTY OF OEATH PRESIDENCE OF DECEDENT 9c. COUNTY OF OEATH									
DIRECTOR	Maryland Baltime	ore Count	y Midl	-		10d. INSIDE CITY LIMITS? 1 YES 2 NO				
FUNERAL	100. STREET AND NUMBER 125 Bengies Road			10	21220	<u> </u>		F WHAT COUNTRY?		
BY FUN	1 Never Married 2 TMarried	WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR OA	2-1 NO	II yes, sp	ENDENT OF HISPAN ecify Cuban, Maxica 2 2 NO Specify	NIC ORIGIN? (Specify Yearn, Puerto Rican, atc.)	or No 14, R/BI	ACE — American Indian, lack, Whita, stc.		
	15. DECEDENT'S EDUCATIO (Specify only highest grade comp	oleted)	16a. DECEDENT'S US (Give kind of wor life. Do NOT use	SUAL OCCUPATION done during me	ON ast of working	16b. KIND OF BU	SINESS/INDUSTRY			
COMPLETED	Elementary/Secondary (0-12) Co	ollege (1-4 or 5 +)		ewife		Но	ome			
	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maiden	,			
BE	Robert Putt				Cora	Taylo				
2	19a.INFORMANT'S NAME (Type/Print) Hazel Hawkins					Aoute Number, City or Tow Middle Ri	, ,			
	20a. METHOD OF DISPOSITION 1 K Burlai 2 Cremation 3 Removal 1 4 Donation 5 Other (Specify)	from State 20b.	PLACE AND DATE OF etery cremetory or othe TOENS O	DISPOSITION (N.	h 6/11		CATION — City or	Co., Md.		
	21. SIGNATURE OF FUNERAL SERVICE LICENSE			BRUZI	OZINSKI	FUNERAL	HOME I	P.A.		
-	1			1407 I	astern A	ve Baltim	ore Mary	land 21221		
	23 PART I. Enter the diseases, or comp shock, or heart failure. List IMMEDIATE CAUSE (Final disease or condition resulting in death)	only one cause on as	ich lina.			h aa cardlac or resp	Iratory arrest,	Approximate intarval Between Onset and Death		
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST Cangest ve tent factor Due to (or as a consequence of): Coronau Arter Disease Due to (or as a consequence of):									
AL C	PART ii. Other significant conditions co	ntributing to death be	ut not reaulting in	tha undarlyin	g cause given in			24b. WERE AUTOPSY FINDINGS		
CA						PERFOR	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE		
AE I							. (g) NO	OF DEATH?		
ä	DID TOBACCO USE COI	NTRIBUTE TO	CAUSE OF	DEATH Y	ES NC					
SIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				ACE OF OEATH (Ch	eck only one)				
SI	l no	OSPITAL: Inpetlant 2 - ER/Outpe		OTHER:	e 5 🗆 Residence	8 Other (Specify)				
BY PHYSICIAN: MEDIC	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME (WC WC	URY AT DRK? YES 2 NO	28d. OEŞCRIBE HOW I	NJURY OCCURED			
	3 Suicide 8 Could not be 4 Homicide detarmined	28a. PLACE OF INJURY building, atc. (Speci	— At home, farm, stre	et, factory, offic		28f. LOCATION (Street and City or Town, State)	and Number or Run	ral Route Number,		
COMPLET		: To the best of my knowle								
Š	one) 2 MEDICAL EXAMINER: On	the beels of examination	and/or investigation,	in my opinion, o	lesth occured at the	time, data and placa, an	d due to the caus	e(a) and manner as stated.		
BE	296. SIGNATURE AND TITLE OF CENTIFIER				DU3U	WBER 20	29d. DATE SIGN	IEO (Month, Day, Year)		
유	30. NAME A AOORESS OF PERSON WHO CO	MPLETED CAUSE OF DEA	ATH (ITEM 27) (Type, P	rint)			-	-1.		
		IADACH								
	31. DATE FILED (Month, Dey, Year)	32, REGISTRAR'S SIGNA	ATURE							
	JUN 0 9 1994 9	in Dinden-Re	-	·						

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTRENDING PHYSICIAN: The law requires that the death certificate be executed with nours after death. Page 6 may be retained by the hospital or attending physician.	D THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
TO THE HOSPITAL	TO THE FUNERAL	be filed within 72 h	IMPORTANT: If I	

4. soci	EDENT'S NAME (First, Middle, Last)		CERTIFIC		EALTH AND I		HYGIENE REG. NO.				
21					DEMI	2. DATE OF			77	3. TIME OF DEATN	
21	Norman	Bernard	Rush,	Sr		June	DAY	1994	YEAR		м
	AL SECURITY NUMBER			UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF			s. BIRTN	IPLACE (State or Foreig	in
9e FAC	5-24-7459	1 × M 2 □ F 65	O YRS.	NTHS DAYS	HOURS MIN.	May	25, 1	929	Countr		
	BLITY NAME (If not institution, give st Dutrow Court		9b	CITY, TOWN O	R LOCATION OF DI	EATN		ec coun		more	
5 RESID 100. STA	DENCE OF DECEDENT							Du	. 01		
E Ma		imore		OWN OR LOCAT	ION					10d. INSIDE CITY LIMITS?	
	REET AND NUMBER	111101 6	Ken	wood	ZIP CODE		1			1 - YES 2 X X0	
5 5	Dutrow Court	Ant 2D			21237			_	S.A	VHAT COUNTRY?	
7 1	NTAL STATUS	12. WAS DECEDENT EVER II			ENDENT OF NISPA	NIC OBIGINS	Specify Yes			E — American Indian,	_
	ever Married 2 💢 Merried 'idowed 4 🗌 Divorced	FORCES? 1 1 YES IF YES, GIVE WIR OR D 1951-195	2 NO		cify Cuben, Mexica	an, Puerto Ric		U 1.00	Speci	k, White, etc.	
	15. DECEDENT'S EDUC	ATION	16a. DECEDENT'S USI	JAL OCCUPATION	N .	16b. K	IND OF BUSI	INESS/INDL		iite	
LLI Eleπ	(Specify only highest grade nentary/Secondary (0-12)	College (1-4 or 5 +)	(Give kind of work life. Do NOT use re	done during mo.	st of working						
I7. FATH	12		Tailor			Но	ward	Uni	for	`m —	
17. FATH	IER'S NAME (First, Middle, Last)				18. MOTHER'S NA						
	William	Rush			Marga	aret		0	' Ha	ra	
O 194. INF	ORMANT'S NAME (Type/Print)		19b. MAILING AD		nd Number or Rural		City or Town	, State, Zip	Code)		
	s. Grace M.		same			10f					
1 X Bu	TNOD OF DISPOSITION intel 2 Cremation 3 Company	rval from State Ceg	PLACE AND DATE OF D petery, cremptory or other	place)		DATE		ATION — C			
	onetion 5 Other (Specify)		arrison	Fores	t Vet.	6/10	194	Balt	0.	Co. Md.	
1	Solffel	ar .			ard J.		. Inc	1			
	Ernest Q. F	eist. III		5305	Hartor	<u>a ka</u>	<u> Ba</u>	ilto		d. 21214	1
IMMED	RT i. Enter the diseases, or c ahock, or heart failure. I DIATE CAUSE (Final se or condition ing in death)	lat only one cause on e	STRTIC					atory arre	est,	Approximata Interval Betwood Onset and D	reen
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d.										
Sequal if any, cause. CAUSE that in resulting	leading to immediate . Enter UNDERLYING E (Disease or Injury hitlated events										
If any, cause. CAUSE that in resulting	leading to immediate . Enter UNDERLYING E (Disease or Injury hitlated events	DUE TO (OR AS A	A CONSEQUENCE OF):	he underlying		Part I. 2	4e. WAS AN A PERFORM	WED?	24b	WERE AUTOPSY FINDI AWAILABLE PRIOR TO COMPLETION DF CAUS OF DEATH?	
PART CHEDICAL CHE	leading to immediate Enter UNDERLYING (Closease or Injury initiated events ing in death) LAST II. Other algnificant condition	DUE TO (OR AS A	a CONSEQUENCE OF):		g cauae given in	Part I. 2	40. WAS AN A	WED?	24b	AVAILABLE PRIOR TO COMPLETION OF CAUS	
PART CAL CAL	leading to immediate Enter UNDERLYING E (Disease or Injury ilitiated events ing in death) LAST II. Other algnificant condition D TOBACCO USE CASE REFERRED TO MEDICAL	DUE TO (OR AS A	a CONSEQUENCE OF):	EATH Y		Part I. 2	40. WAS AN A	WED?	240	AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATN?	
PART PA	leading to immediate Enter UNDERLYING E (Disease or Injury litiated events ing in death) LAST II. Other algnificant condition D TOBACCO USE C	DUE TO (OR AS A	out not resulting in t	EATH Y	g cause given in	Part I. 2	4e. WAS AN A PERFORM	WED?	246	AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATN?	
PART I PA	leading to immediate Enter UNDERLYING E (Disease or Injury initiated events ing in death) LAST II. Other algnificant condition D TOBACCO USE C CASE REFERRED TO MEDICAL MINIER?	DUE TO (OR AS A a contributing to death b CONTRIBUTE TO HOSPITAL: 1 Inpatient 2 ER/Outs	CAUSE OF D	26, PL THER: Nursing Hom	ES NO ACE OF DEATH CH	Part I. 2	4e. WAS AN A PERFORM	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATN?	
PART I DII 25. WAS EXA 1 DI 27. MAN 1 DI 27.	leading to immediate Enter UNDERLYING E (Disease or Injury initiated events ing in death) LAST II. Other algnificant condition D TOBACCO USE OF CASE REFERRED TO MEDICAL MINNER? YES 2 INER OF DEATN Netural 5 Pending	DUE TO (OR AS A a contributing to death b CONTRIBUTE TO HOSPITAL: 1 Inpatient 2 ER/Outs	Dut not resulting in t	EATH Y 26. PL THER: Nursing Hom F 28c. INJ WO	cause given in ES NC ACE OF DEATW Ch	Part I. 2	4e. WAS AN A PERFORM	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATN?	
PART I PA	leading to immediate Enter UNDERLYING E (Disease or Injury litiated events ing in death) LAST II. Other algnificant condition D TOBACCO USE C CASE REFERRED TO MEDICAL MININER? YES 2 INED OF DEATN Natural 5 Pending	DUE TO (OR AS A a contributing to death b CONTRIBUTE TO HOSPITAL: 1 Inpatient 2 ER/Out; (Month, Day, Year)	Dut not resulting in to the constitution of th	EATH Y 26. PL THER: Nursing Hom WO 1 1	Cauae given in ES NO ACE OF DEATH (Ch TRY) AT RES RES NO	Part I. 2 neck only one) 6 Other (: 28d. DESCI	4e. WAS AN A PERFORM YES 2 Specify) RIBE HOW IN	MED?	URED	AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATN?	
PART I PA	leading to immediate Enter UNDERLYING E (Disease or Injury itilated events ing in death) LAST II. Other significant condition D TOBACCO USE O CASE REFERRED TO MEDICAL MINER? YES 2 INER OF DEATN Natural 5 Pending Investigation Suicide 8 Could not be determined	DUE TO (OR AS A a contributing to death b CONTRIBUTE TO HOSPITAL: 1 Inpatient 2 ER/Outs 28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, etc. (Spe-	CAUSE OF D patient 3 DOA 4 28b. TIME 0 INJURY	EATH Y 26. PL THER: Nursing Hom F 28c. INJ WO 1 No. 1	Cause given in ES NC ACE OF DEATH Ch 5 Presidence 1 Re7 7 ES 2 NO	Part 1. 2 neck only one) 6 Other (: 28d. DESCI	4e. WAS AN A PERFORM PERFORM YES 2 Specify) Specify) ION (Street er Town, State)	MED? NO JURY OCC	URED or Rural I	AVAILABLE PRIOR TO CDMPLETION OF CAUS OF DEATH? 1 YES 2 NO	
PART I PA	leading to immediate Enter UNDERLYING E (Disease or Injury initiated events ing in death) LAST II. Other algnificant condition D TOBACCO USE O CASE REFERRED TO MEDICAL MINER? YES 2 INED OF DEATN Natural 5 Pending Investigation Suicide 8 Could not be descripting of the color of the co	DUE TO (OR AS A a contributing to death b CONTRIBUTE TO HOSPITAL: 1 Inpatient 2 ER/Outs (Month, Day, Year) 28e. PLACE OF INJURY 28e. PLACE OF INJURY	CAUSE OF D patient 3 DOA 4 28b. TIME 0 INJURY	EATH Y 26. PL THER: Nursing Hom F 28c. INJ WO 1 1 1	ES NO ACE OF DEATH (Ch e 5 Residence URY AT RK? ES 2 NO end place, end due	Part i. 2 neck only one) 6 Other (: 28d. DESC!	4e. WAS AN A PERFORM YES 2 Specify) RIBE HOW IN ON (Street er Town, State)	MED? NO NO NO NO NUMBER of Numb	URED Or Rural I	AWALABLE PRIOR TO COMPLETION OF CAUSOF DEATH? 1 YES 2 NO	SE
PART I PA	leading to immediate Enter UNDERLYING E (Disease or Injury initiated events ing in death) LAST II. Other algnificant condition D TOBACCO USE O CASE REFERRED TO MEDICAL MINER? YES 2 INED OF DEATN Natural 5 Pending Investigation Suicide 8 Could not be descripting of the color of the co	DUE TO (OR AS A a contributing to death b CONTRIBUTE TO HOSPITAL: 1 Inpatient 2 ER/Out; 28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, etc. (Special Control of the best of my know R: On the best of examination	CAUSE OF D patient 3 DOA 4 28b. TIME 0 INJURY	EATH Y 26. PL THER: Nursing Hom F 28c. INJ WO 1 1 1	ES NO ACE OF DEATH (Ch e 5 Residence URY AT RK? ES 2 NO end place, end due	Part I. 2 11 12 12 15 16 17 17 18 18 18 18 18 18 18 18	4e. WAS AN A PERFORM YES 2 Specify) RIBE HOW IN ON (Street er Town, State)	MED? NO NO NO NO NUMBER of Numb	ured in the course of the cour	AWAILABLE PRIOR TO CDMPLETION OF CAUSOF DEATH? 1 YES 2 NO Ploute Number,	SE
PART I PA	leading to immediate Enter UNDERLYING E (Disease or Injury litiated events ing in death) LAST II. Other algnificant condition D TOBACCO USE C CASE REFERRED TO MEDICAL MAINER? YES 2 INER OF DEATN Natural 5 Pending Investigation Accident Suicide 8 Could not be determined RTIFIER 1 CERTIFYING PHYSIC O MEDICAL EXAMINE	DUE TO (OR AS A a contributing to death b CONTRIBUTE TO HOSPITAL: 1 Inpatient 2 ER/Out; 28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, etc. (Special Control of the best of my know R: On the best of examination	CAUSE OF D patient 3 DOA 4 28b. TIME 0 INJURY	EATH Y 26. PL THER: Nursing Hom F 28c. INJ WO 1 1 1	ES NC ACE OF DEATH Ch 5 Residence URY AT RK7 (ES 2 NO end place, end due eath occured at the	Part I. 2 11 12 12 15 16 17 17 18 18 18 18 18 18 18 18	4e. WAS AN A PERFORM YES 2 Specify) RIBE HOW IN ON (Street er Town, State)	MED? NO	ured in the course of the cour	AWAILABLE PRIOR TO CDMPLETION OF CAUSOF DEATH? 1 YES 2 NO Ploute Number,	SE
DII 25. WAS EXA 1 27. MAN 1 2	leading to immediate Enter UNDERLYING E (Disease or Injury litiated events ing in death) LAST II. Other algnificant condition D TOBACCO USE C CASE REFERRED TO MEDICAL MAINER? YES 2 INER OF DEATN Natural 5 Pending Investigation Accident Suicide 8 Could not be determined RTIFIER 1 CERTIFYING PHYSIC O MEDICAL EXAMINE	DUE TO (OR AS A CONTRIBUTE TO HOSPITAL: 1 Inpatient 2 ER/Outp 28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, etc. (Specials)	CAUSE OF D Patient 3 DOA 4 28b. TIME O INJURY T — At home, term, streedily)	EATH Y 26. PL THER: Nursing Hom F 28c. INJ M 1 1 1 st, factory, office t the time, date n my opinion, d	ES NC ACE OF DEATH Ch 5 Residence URY AT RK7 (ES 2 NO end place, end due eath occured at the	Part I. 2 11 12 12 15 16 17 17 17 18 18 18 18 18 18 18	4e. WAS AN A PERFORM YES 2 Specify) RIBE HOW IN ON (Street er Town, State)	MED? NO	URED or Rural II d.	AWAILABLE PRIOR TO COMPLETION OF CAUSOF DEATH? 1 YES 2 NO Ploute Number,	SE

BALTIMORE, MARYLAND 21215-0020

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 55 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM CERTIFICA			MENTAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last) EVELYN	Annette	POSS			2. DATE OF OEATH		3. TIME OF DEATH 10:03 pm M	
	4. SOCIAL SECURITY NUMBER 214-38-6326	5. SEX 6. AGE (In		UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.		MRTHPLACE (State or Foreign Journey) Maryland		
OB	9a. FACILITY NAME (If not institution, give st Saint Joseph Hosp	,	9b.		BON, Mary	EATH	9c. COUNTY		
DIRECTOR	Maryland Maryland	Balto. Towson						10d, INSIDE CITY LIMITS? 1 YES 2XXNO	
RAL	10e. STREET AND NUMBER			101	. ZIP CODE	······································		OF WHAT COUNTRY?	
BY FUNERAL	2300 Dulaney Val. 11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	Ley Road 12. WAS DECEDENT EVER IN 1 FORCES? 1 YES IF YES, GIVE WAR OR DAT	2 NO	It yes, sp		NIC ORIGIN? (Specify Yearn, Puerto Rican, atc.)	s or No— 14. I	U.S.A. RACE — American Indian, Black, White, atc. Specify:	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) Cotlege (1-4 or 5+)	16e. DECEDENT'S USU (Give kind of work life. Do NOT use ref	done during mo	ON st of working	16b. KIND OF BU	SINESS/INDUSTI	White	
OMP	12 17. FATHER'S NAME (First, Middle, Last)		Homem	aker	45 MOTUENO MA	OW ME (First, Middle, Maiden	n Home		
	Charles A.	Cutsail				tte Moberl	,	1	
TO BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADD	ORESS (Street a		Route Number, City or Tow	4	9)	
F	Donald W. Ross		701 Rob	bin Ho	od Hill	Annapolis	, Md. 2	21405	
	20e. METHOD OF DISPOSITION 1	oval from State come:	ter Cremetory or other In the Ser	vice C	orp. 6/9	/94 To	WSOn ,	or Town, State Maryland	
	21. BIGHATURE OF FUNERAL BERVICE, LIC	chape of		Ruck		1050 Y Funeral Ho			
	iMMEDIATE CAUSE (Final	a. CONGESTIVE	HEART FAIL		de of dying, auc	h aa cardiac or reap	iratory arrest,	Approximate Interval Between Onset and Death	
ATION	Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A C	CONSEQUENCE OF):						
PHYSICIAN: MEDICAL C		PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i. ATRIAL FIBRILLATION 24a. WAS AN AUTO PERFORMED? 1 □ YES 2 □ N						24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
Σ	DID TOBACCO USE C	ONTRIBUTE TO C	AUSE OF DE	ATH Y	S I NO			1 🗆 YES 2 NO	
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28. PI	ACE OF DEATH (Ch	eck only one)			
	1 YES 2 NO 27. MANNER OF DEATH 1. Natural 5 Pending	1/6 Inpetient 2 ER/Outpet 28s. DATE OF INJURY (Month, Day, Year)		28c. INJ WO	URY AT	6 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCURE	:D	
LED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY - building, atc. (Specif	At home, farm, stree		YES 2 NO	281. LOCATION (Street City or Town, State,		ural Route Number,	
COMPLET	000)	CIAN: To the beat of my knowle						use(s) and manner as stated.	
TO BE C	290, Administrations and Title of Centreles	WE STAPF			29c. LICENSE NUI	MBER	29d. DATE SIG	GNED (Month, Day, Year)	
	30, NAME AND ADDRESS OF PERSON WH PANKAJ R, DESA! N				MARYLA	ND 21204			
	31. DATE FILED (Month, Day, Year) JUN 0 9 1994	32. REGISTRAR'S SIGNAT							

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM			MENTAL HYGIENE REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	1	3. TIME OF DEATH	
	Rona	ald Thomas	Rock			June 5	1994	8 A H	
- 3	4. SOCIAL SECURITY NUMBER		(In yrs. lest birthday) IF U	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	IPLACE (State or Foreign			
	214-46-9176 9a. FACILITY NAME (If not institution, give	street and number)			HOURS MIN.	9-18-1946	Ma COUNTY OF 0	ryland	
۳ ا	3100 Greenmour	at Ave			altimore				
5	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT								
DIRECTOR		rford		www.on.locat lair	ON			10d. INSIDE CITY LIMITS?	
	10e. STREET AND NUMBER	.1014	DC.		ZIP CODE	100	CITIZEN OF Y	1 VES 2 NO	
FUNERAL	1920 Beech	Street		1	21015	log.		S.A.	
5	11. MARITAL STATUS	12. WAS DECEDENT EVER II		13. WAS DEC		IC ORIGIN? (Specify Yea or No		E — American Indian, k, Whita, atc.	
BYF	XX Never Merried 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced	FORCES? 1- YES	²⊡no mates Viet Nam		city Cuben, Maxicar 2 XVO Specify:	, Puerto Rican, atc.)	Speci		
	15. DECEDENT'S EDU	JCATION	18a. DECEDENT'S USUA	AL OCCUPATIO	N .	18b. KIND OF BUSINESS	/IMPLISTED		
ETED	(Specify only highest grade Elementery/Secondary (0-12)	completed) College (1-4 or 5+)	(Give kind of work of life, Do NOT use reti	ione during mos red.)	t of working				
COMPL		1	Hair Sty	list		Cranbrook	Hair	Stylist	
o l	17. FATHER'S NAME (First, Middle, Last)	- ;			_	AE (First, Middle, Maiden Suman			
BE	William Thon	nas Rock			Elva		Armstr	ong	
2	19m. INFORMANT'S NAME (Type/Print) Mrs Elva L. Hel	lton				oute Number, City or Town, State elair, Maryla		015	
	20a. METHOD OF DISPOSITION		D. PLACE AND DATE OF DIS			DATE 20c. LOCATION			
	1 Burial 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	noval from State cent	netery crematory or other particles Services	lace) Vice C	orp. 6-	9-94 Towson			
i	21. SIGNATURE OF FUNERAL SERVICE LI			22. NAME AN	O ADDRESS OF FAC	HLITY	·		
	▶ Wallac	2 S Buro	By Dr.			uneral Home, d, Towson, Mo		04	
	23. PART i. Enter the diseasea, or ehock, or heart failure.	complications that ceused List only one cause on a	d the death. Do not e	nter the mo	te of dying, such	as cardiec or reepiratory	erreet,	Approximata interval Between	
	IMMEDIATE CAUSE (Finei		4					Onset and Death	
	disease or condition resulting in death)	a. Ca	A CONSEQUENCE OF):	4-	est			5 MIN	
	a. Ca-diac Arrest DUE TO (OR AS A CONSEQUENCE OF): BY THE V DISEASE.								
ō	Sequentially list conditione, if eny, leading to immediate	DUE TO (OR AS A	A CONSEQUENCE OF):	2954	<u> </u>			3 years	
RTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury	c							
	thet initiated eventa reaulting in deeth) LAST	OUE TO (OR AS A	A CONSEQUENCE OF):						
		d							
-	PART II. Other significant condition	ns contributing to deeth b	out not reculting in th	a underlying	ceuse given in I	Pert I. 24a. WAS AN AUTOF	SY 24b	WERE AUTOPSY FINDINGS	
MEDIC						1 TES 2 NO	,	COMPLETION OF CAUSE OF DEATH?	
¥						_		1 NES 2 NO	
ž	DID TOBACCO USE	CONTRIBUTE TO	CAUSE OF D	EATH Y	ES NC				
3	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ОТ	HER:	ACE OF DEATH (Che				
PHYSICIAN:	1 YES 2 NO 27, MANNER OF GEATH	1 Inputient 2 ER/Outs	28b. TIME OF	Nursing Home		5 Other (Specify) 28d. OESCRIBE HOW INJURY	OCCUPEO		
	1 Natural 5 Pending	(Month, Day, Year)	INJURY	WO		200. OLYGRIDE HOW INCOM	OCCOREO		
1 84	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY building, etc. (Spec	f — At home, term, street.	, tactory, office		281. LOCATION (Street and Nui	mber or Rurel f	Route Number,	
COMPLEIED	4 Homicide determined	sanding, etc. (Opon	City/			City or Town, State)			
2		SICIAN: To the best of my know							
	one) 2 MEDICAL EXAMIN	ER: On the basis of examination	en and/or investigation, in	my opinion, de	eath occured at the	time, data and place, and due	to the cause(s	a) and manner ea stated.	
2 2	296. SIGNATURE AND TITLE OF CERTIFIE	IR			29c. LICENSE NUM	BER 29d.	OATE SIGNED	(Month, Day, Year)	
	Harld C	Fandy	end_		0 143	383	6/8	194	
	30. NAME AND ADDRESS OF PERSON WI				F D-1-1	moreo Ma1	A 212	0.1	
	Harold Standif 31. DATE FILEO (Month, Day, Year)	32. REGISTRAN'S SIGN		stree	c, bdltl	more, Marylar	10 212	0.1	
	JUN 0 9 1994	Juin Sanden - R						1	
	9 911 0 0								

Contract

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A Common Services

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

FOR STATE REGISTRAR 1. DECEDENT'S NAME 2. DATE OF DEATH 3. TIME OF DEATH 740 A " 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 4. BIRTHPLACE (State or Foreign Y M 2 D F 9/14/1915 MARYLAND 9a. FACILITY NAME (If not institution, SINAI HOSPITAL BALTIMORE 9c. COUNTY OF DEATH DIRECTOR RESIDENCE OF DECEDENT MARYLAND BALTIMORE BALTIMORE 10d. INSIDE CITY LIMITS? 1 YES 2 XNO 100 CITIZEN OF WHAT COUNTRY? FUNERAL 24 WARREN PARK DR., APT. A-2 101. ZIS COOE 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1/X YES 2 NO IF YES, GIVE WAR OR DATES WILL ARMY 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. t Never Married 2 1 Merried BY 3 Widowed 4 Divorced WHITE 18e. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp DRAPERY DEPT. ired.) MANAGER Elementary/Secondary (0-12) College (1-4 or 5 +) 12 SCHROEDL CLEANERS 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surneme) NATHAN BERTHA SACHS RUBIN BE 190. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 MRS. IRENE RUBIN WARREN PARK DR., APT. A-2 BALTO., MD 21208 20g METHOD OF DISPOSITION
1 X Burlet 2 Cremation 3 Ram
4 Donetion 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State HEBREW YOUNG MEN 6/7/94 BALTIMORE, 21. SIGNATURE OF FUNERAL SERVICE LICENSEE BOL LEVINSON & BROS., INC. BALTO., MD 5010 REISTERTOWN RD. 21215 23 ART I. Enter the useases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arreet, ahock, or hear failure. List only one ceuse on each line. Approximate interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition Lyocardial reaulting in daeth) CERTIFICATION Sequentially list conditions, DUE TO OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING Winary CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF that initiated evente resulting in death) LAST PART II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 1 YES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE RIFE EXAMINER? 26. PLACE OF DEATH (Check only one) OTHER: 1 YES 2 NO patient 2 - ER/Outpatient 3 - DOA 4 - Nursing Ho 5 Reside 28s. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED Natural 5 Pending Investigation М 1 YES BY 2 NO Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Homicide 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the death occurred at the time, date end place, and due to the cause(e) end manner as stated. MEDICAL EXAMINER: On the restigation, in my opinion, death occured at the time, date end place, end due to the ceuse(s) and manner 29c. LICENSE NUMBER BE TOUSES 2 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) HOSP. OF BACTIMONE 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

permit. Pages 1, 2, 3 should funeral director, page 5 should be detached for use as the burial-transit ours after death. Page 6 may be retained by the hospital or attending physician. attending physician and completely filled in by the intra Hygiene prior to burial, cremation, or removal. cremation, or removal. signed by the atter Health and Mental certificate has been h the State Dept. of h Item 23 HOSPITAL DR ATTENDING PHYSICIAN: . this c DIRECTOR: After the hours after death v TO THE HOSPITAL IN TO THE FUNERAL DIE filed within 72 ho

2 MEDICAL EXAMINER: On th

PLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

3. BEGISTHAR'S SIGNATURE

296. SIGNATURE AND TITLE OF CERTIFIER

31. DATE FILED (Month, Day).

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Item1,2,10e 6-9-94 FilmG712 W.H.Per F/H 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) Elizabeth 2. DATE OF DEATH 3. TIME OF DEATH Summers Jummers 303 1007 AM 6 4 SOCIAL SECURITY NUMBER 5. SEX AGE (In yrs. last birthday 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 6. BIRTHPLACE (State or Foreign -140 215 DAYS HOURS 1 M 2 L YRS. Maryland 9b. CITY TOWNIOR LOCATION OF DEATH 9c. COUNTY OF DEATH Har NA DIRECTOR 105 RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland NA Baltimore 1 X YES 2 | NO 3617 Fairfield Road, FUNERAL 10g. CITIZEN OF WHAT COUNTRY? 101. ZIP CODE 21226 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indien, Black, White, etc. If yes, specify Cuben, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 X Married IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced Specify: White COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 18s. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY ry/Secondary (0-12) 12th Grade Homemaker Housewife and Mother once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) George Ħ Pretty Ruth 8 notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zio Code) 2 Mr. Willace E. Summers 3617 Fairfield Rd., Baltimore, Md. pe 20s. METHOD OF DISPOSITION

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Carry State

**The control of the control o 20c. LOCATION -- City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE must Cedar H1777 Cemetery 6/6/1994 Baltimore, Maryland 4 ☐ Donation 5 ☐ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSER the medical examiner 22. NAME AND ADDRESS OF FACILITY Kevin E. Ecker McCully Funeral Home of Brooklyn 237 E. Patapsco Ave. . Balto.. Md 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory erreat, Approximata shock, or heart fallure. List only one cause on each line Interval Batween Onset and Death IMMEDIATE CAUSE (Final disease Dr condition reaulting in death) S87 ul event, traumatic CERTIFICATION Sequantially list conditiona, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury other that initiated events resulting in death) LAST 10 shows any injury, PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO MEDICAL COMPLETION OF CAUSE 1 YES 2 NO 1 TES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one, EXAMINER? HOSPITAL: OTHER 1 | Inpatient 2 | ER/Outpatient 3 DOA Sesidence 6 Other (Specify) 10 27. MANNER OF DEATH 28s. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED 200 4 Homicide 29s. CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

ation and/or investigation, in my opinion, death occured at the time, data and piace, and due to tha cause(s) and menner as atated

29c. LICENSE NUMBER

29d. DATE SIGNED (Month, Day, Year)

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BALTIMORE, MARYLAND 21215-0020	urs after death. Page 6 may be retained by the hospital or attending physici
	8
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within fours after death. Page 6 may be retained by the hospital or attending physicis

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Flours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.

	NEGIS I NAN				LUIII	TOATE	UF	DEA	ın_	HEG. NO	J.		
1	1. DECEDENT'S NAME (First,	_	- 0							2. DATE OF DEATH MONTH	DAY	YEAR	3. TIME OF DEATN
	1-0m	5		TEY	EM	S, S	Sr.			JUNE		94	9:20 P "
	4. SOCIAL SECURITY NUMBER	ER	5. SEX	6. AGE (In yrs.	last birthday)	IF UNDER		IF UNDER		7. DATE OF BIRTN (Month, Day, Year)			LACE (State or Foreign
	215-05-3602)	1 ™ M 2 □ F	87	YRS.	MONTHS	DAY8	HOURS	MIN.	10-22-0	6	COURTY)	ALU CM
	9a. FACILITY NAME (If not ins		treet and number)			9b. CITY	, TOWN	OR LOCATI	DN OF D			NTY OF DE	ATN
E .	Greater Jaurel-Beltsville Hospital					T					·		
E		EDENT	ITSVIIIE	HOSPIT	<u>al</u>	Lau	rei	-			1 , ,	A (Pr	ince George
DIRECTOR	10e. STATE	10b. COUNT				TY, TOWN		TION			100		10d. INSIDE CITY LIMITS?
<u>=</u>	Maryland	Prin	ce George	9		Laure	el						YES 2 NO
4	10e. STREET AND NUMBER						10	. ZIP COD	E		10g. CITI	ZEN OF WH	IAT COUNTRY?
12	13817 Bria	rwood	Drive				- 10	2070	8		Uni	ted S	tates
FUNERAL	11. MARITAL STATUS		12. WAS DECEDEN	IT EVER IN U.S.	ARMED	13.	WAS DEC	ENDENT O	OF NISPAI	NIC ORIGIN? (Specify Y	es or No.—	14. RACE -	- American Indian.
	1 Never Married 2 XX	Married	FORCES? 1	YES 2	NO		If yes, sp	ecity Cuba	in, Mexica	in, Puerto Rican, atc.)			- American Indian, White, atc.
BY	3 Widowed 4 Divor	ced		NW 2		- 1	I L YES	2 NO	Specif	у.		Specify	White
0		EDENT'S EDU	CATION	-	DECEDENT'S	USUAL O	CCUPATI	ON		16b. KIND OF B	USINESS/INC	USTRY	
COMPLETED	Elementary/Secondary (0-	highest grade	College (1-4 or 5	4)	(Give kind of life, Do NOT u	work done se retired.)	during me	ost of workii	ng				
4	12				uperi	nten	dent	of	Prot	ection	Depar	rtmen	t Store
S	17. FATNER'S NAME (First, Mic	ddle, Last)			ap of i		0.0110			ME (First, Middle, Maide	_		
	William	1	н.	Steven	19			हा	oren	Ce	S	adler	
8	19a. INFORMANT'S NAME (7)		11.0			ADDRES	3 (Street)	_		Route Number, City or To			
2	Mrs. Karen A		vonc							Laurel,			20708
	200. METHOD OF DISPOSITE		vens	00h BL 46	E AND DATE				TIVE		OCATION -		
	1 S Burial 2 Cremation 4 Donation 5 Other	n 3 🗆 Ram	oval from State	cemetery.	cremetory or c	other place)	:	1 00		C/0/04 C			
	21. SIGNATURE OF FUNERAL		ENGEE	- Balt	imore			ND ADDRE			atons	viite	, Ma.
- 1	2/	V	DENGEE			M	C Cu	illy	Fune	ral Home	of Pa	saden	a
	/4 lb 112	1.								Rd. Pasa			
CERTIFICATION	disease or condition resulting in death) Due to (or As A consequence of): Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events Due to (or As A consequence of): COTO AND DUE TO (or As A consequence of): Due to (or As A consequence of): Due to (or As A consequence of):												
F	resulting in death) LAS1		d										
	PART ii. Other significan	nt condition	e contributing to	death but no	t requiting	in the u	derivin	0.00000	alven in	Bort I Dec 1980 A	N AUTOPSY	0.05	WERE AUTOPSY FINDINGS
DICAL				200011 001 110	r roudining	iii tira ui	identy	y cause :	giveii iii	PERFO	PRMED?	1	AVAILABLE PRIDE TO COMPLETION OF CAUSE
EDI									_	1 YES	2 NO		DF DEATH?
Σ													T YES 2 NO
Z													
C	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:			OTHE		LACE OF O	EATN (C	eck only one)			
YSI	1 YES 2 J/6		1 Inpatient 2	☐ ER/Outpatient	3 🗆 DOA			ne 5 🗆 Re	esidence	6 Other (Specify)			
PHYSICIAN:	27. MANNER OF DEATH		28a. DATE OF (Month, D	F INJURY Day, Your)	26b. TIR	AE OF JURY	28c. IN.	JURY AT _		28d. DESCRIBE HOW	INJURY OC	CURED	
BY I		Pending nvestigation				М		YES 2	□ NO		_		
	a Destate	Could not be	28e. PLACE C	of INJURY — Al	home, ferm,	street, fec	tory, offic	:0		281. LOCATION (Stree City or Town, Stat	t and Number	or Rural Ro	ute Number,
TE	4 Homicide	determined		, our (opoury)	-					City of fown, State	ره غــ		
COMPLETED	29a. CERTIFIER 1 CERTI	IFYING PNYS	ICIAN: To the best of	l my knowledge	death occur	red at the	lime dete	and place	and du	to the cause(a) and m			
M	000)									ilme, date and place,			and manner se stated
	29b. SIGNATURE AND TITLE								_				
8	290. SIGNATURE AND TITLE	OF CERTIFIE	20					29c. LIC	ENSE NU	MBER	29d. DAT	E SIGNED (Month, Day, Year)
0	Mis o Ap	V6681	el ce d	- M X	W	0		1	186	85	(2-1-6	77
	30. NAME AND ADDRESS OF	PERSON WN	O COMPLETED CAU	SE OF OEATH (I	TEM 27) (Type								
	WIKYY It	Mach	H Mr.	2 B1C	MOX	1 46	0	120	Co	alce Pd	Lave	010	1020707
	31. DATE FILED (Month, Day, 1	460	32. REGISTR	AR'S SIGNATURE		-							
	2014 () E	1994	June	Deviden-	gandes	1							

YEAR

3. TIME OF DEATH

13:50PM

DHMH-16 Rev 1/89

2. DATE OF DEATH

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DAY

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RITA

F SPECTRE

1. DECEDENT'S NAME (First, Middle, Last)

FOR STATE REGISTRAR

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100		JAN
L	5	PHYSICIAN:
1000	DIVISION	. DR ATTENDING
-	5	9
		OSPITAL

TLAGO 8. AGE (In yrs. last birthday) 4. SOCIAL SECURITY NUMBER 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 85 215-48-8436 1 M 2 X F MONTHS DAYS NOURS MIN. 2/27/1909 YRS. MARYLAND Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FREDERICK FREDERICK 7300 BROOKSIDE DR DIRECTOR RESIDENCE OF DECEDENT 10a STATE 10h COUNTY 10c. CITY, TOWH OR LOCATION 10d. INSIDE CITY BALTIMORE 1 XES 2 NO MARYLAND permit. 10g. CITIZEN OF WHAT COUNTRY? USA FUNERAL 10f. ZIP CODE 21215 10e STREET AND NUMBER 3737 CLARKS LA APT. 110 burial-transit the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11 MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or Ne—
If yes, specify Cuban, Maxican, Puarto Rican, atc.) 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married 3 Widowed 4 Divorced 1 WES 2 NO Specify WHITE BY be detached for use as the COMPLETED 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16b. KIND OF BUSINESS/INDUSTRY Elamentary/Secondary (0-12) College (1-4 or 5+) AT HOME HOUSEWIFE 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) SENKER FLEHINGER MAUDE WILLIAM te Page 6 may be retained by BE page 5 should notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 MRS MYRA TREIBER 7300 BROOKSIDE DR FREDERICK, MD þe 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, State must Buriel 2 Cremation 3 Removal from State funeral director, 4 Donation 5 Donat 6/8/1994 BALTIMORE, MD BETH TFILOH examiner 21. SIGNATURE OF FUN 22. NAME AND ADDRESS OF FACILITY death. SOL LEVINSON & BROS., INC. 6010 REISTERTOWN RD. BALTO., MD 21215 completely filled in by the nal, cremation, or removal. medical 23. PART I. Enter the disease, or complications that caused the death, Do not anter the mode of dying, such as cardiac or reapiratory arrest, Approximate ahock, or Mart failure. List only one cause on each line. Interval Between ŏ **Onset and Death** IMMEDIATE CAUSE (Final 1 disease or condition V(+101) event, resulting In death) DUE TO (OR AS A CONSEQUENCE OF): hysician and com 500515 1 wk traumatic 12040 CERTIFICATION Sequentially ilst conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate the attending physician Mental Hygiene prior to it the death certificate be causa. Enter UNDERLYING teute besstic 40 1+04790 CAUSE (Disease or Injury that initiated events other DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST 6 Injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part 1. 24b. WERE AUTOPSY FINDINGS MEDICAL Health and PERFORMED? AVAILABLE PRIOR TO shows any COMPLETION OF CAUSE 1 TYES 2 NO OF DEATH? 1 TYES 2 NO t. of t PHYSICIAN: has be Dept. 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) certificate I Item EXAMINER? HOSPITAL: OTHER: 1 🗆 Inputant 2 🗆 ER/Outputient 3 🗆 DOA ng Home 5 Residence & Other (Specify) 10 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, with INJUR 1 Natural
2 Accident
3 Suicide 5 Pending М 1 YES 2 NO 8 After t Investigation 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, atc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 60 COMPLETED 8 Could not be FUNERAL DIRECTOR: within 72 hours after 4 Homicide detarmined 28 29a. CERTIFIER /Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. MPORTANT: If 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c, LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) BE 포 포 Be 10146 2 23 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Appen Print) 501 W 10 5100 31. DATE FILED (Month, Day, Year) , 32. REGISTRAR'S SIGNATURE Shooten Radall 1994

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

STATE OF	MARYLAND /	DEPARTMENT	OF HEALTH	AND	MENTAL	HYGIENE
	CI	ERTIFICATE	OF DEAT	TH		REG. NO.

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND / DEF	ARTMENT OF HEALTH AND IFICATE OF DEATH	MENTAL HYGIENE REG. NO.	
	1. DECEDENT'S NAME (Flost, Middle, Last) DOR O + Lu 4. SOCIAL SECURITY NUMBER	GENEVA TO S. SEX 6. AGE (In yrs. lest birtho	MONTHS DAVE MOURE MIN	(Month Day Year)	3. TIME OF DEATH YEAR A. BIRTHPLACE (State or Foreign Country)
TOR	99. FACILITY NAME (If not institution, give st PRINTED AN RESIDENCE OF DECEMENT	1 M 2 KF 19 YR	9b. CITY, TOWN OR LOCATION OF	24-15	INTY OF DEATH
DIRECTOR	10e. STATE 10b. COUNTY	10c.	CITY, TOWN OR LOCATION 3 alto		10d. INSIDE CITY LIMITS? 1 VES 2 NO
FUNERAL	10e. STREET AND NUMBER 11. MARITAL STATUS		2/2/	8 N	IZEN OF WHAT COUNTRY?
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	13. WAS DECENDENT OF HISP If yes, specify Cuben, Mexi 1 YES 2 NO Specific S		14. RACE — American Indian, Black, White, etc. Specify:
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondery (0-12)	completed) (Give kind	T'S USUAL OCCUPATION of work done during most of working IT use retired.)	16b. KIND OF BUSINESS/INI	DUSTRY
TO BE CO	17. FATHER'S NAME (First, Middle, Last) 19a. INFORMANT'S NAME (Type/Print)	M/N TE	ING ADDRESS (Street and Number or Rure		
	20e. METHOD OF DISPOSITION 1 (5 Burlel 2 Cremetion 3 Remo 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC	oval from State 20b. PLACE AND DA cemetery, cremetory	22. NAME AND ADDRESS OF	DATE 20c. LOCATION -	21136 City or Town, State 10500WNE
AL CERTIFICATION	snock, or neart renure.	DUE TO (OR AS A CONSEQUENCE DU	lure, unkn	uch es cerdisc or respiratory er	rest, Approximate intervei Betw
MEDICAL	PART II. Other significant conditions Chronic Pan Cyto	contributing to deeth but not resulting to enal ()	ng in the underlying ceuse given in	PERFORMED?	24b. WERE AUTOPSY FINDIN AWAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH Natural 5 Pending	HOSPITAL: 1 Inpatient 2 ER/Outpatient 3 DO 28e. DATE OF INJURY (Month, Day, Year) 28b.	TIME OF 28c. INJURY AT WORK?		CURED
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — At home, ter building, atc. (Specify)	M 1 YES 2 NO	281. LOCATION (Street and Number City or Town, State)	r or Rural Route Number,
COMPLET		CIAN: To the best of my knowledge, death occ			
ш	296. SIGNATURE AND TITLE OF CENTURER		29c. LICENSE N		
TO B	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH (ITEM 27)	7 / D20	0964	6/9/94

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9c. COUNTY OF DEATH

U.S.A.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

TIMORE, MARYLAND 21215-0020

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DIVISION OF VITAL RECORDS, P.O.	The second of th
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1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH Darren Taylor Darin C. Taylor Jung 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) 5-5-1965 IF UNDER 1 YEAR IF UNDER 24 HRS. 1 XM 2 | F DAYS HOURS 216-86-6288 29 VRS Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR Union Memorial Hospital Baltimore City RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION Baltimore use as the burial-transit permit. FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 3129 Ravenwood Avenue 21213 death. Page 6 may be retained by the hospital or attending physician. Inneral director, page 5 should be detached for use as the burial-tran 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 25 HO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or Ho-Never Married 2 Married If yes, specify Cuban, Maxican, Puerto Rican, etc.) BΥ 1 TYES AND 3 Widowed 4 Divorced Specify: COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 18a. DECEDENT'S USUAL OCCUPATIOH (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIHD OF BUSINESS/IHDUSTRY nentary/Secondary (0-12) College (1-4 or 5+) 10 yrs Mode1 CLothing 17. FATHER'S HAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Hardy Taylor Estelle Gilliard BE notified 19a. IHFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Joyce Stanton 3129 Ravenwood Ave., Baltimore, Md. be 20a. METHOD OF DISPOSITION
1 Burlal 2X Cremation 3 20b. PLACE AND DATE OF DISPOSITION (Name of DATE must GreenMount Crematory 6 94 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Edison M. Perkins examiner 22. HAME AHD ADDRESS OF FACILITY 8 Bradley-Ashton Funeral Home, D00083 filled in by the figure on, or removal. 2134 Willow Spring Rd., Balto., Md medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or reapiratory arrest, ahock, Dr heart failure. List pnly one cause on each line. prior to burial, cremation, or IMMEDIATE CAUSE (Fine) the disease or condition Mumaria kno and completely event, reaulting in daeth) DUE TO (OR AS A CONSEQUENCE OF) traumatic 410,2 MIV (+) NO attending physician and Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING CERTIFICAT Cancey DUE TO (OR AS A CONSEQUENCE OF) CAUSE (Disease or injury other Mental Hygiene that initiated events resulting in death) LAST Colon Carrely 0 Injury, Health and Men PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24a. WAS AH AUTOPSY PERFORMED? MEDICAL any 1 - YES 2 X NO shows : certificate has been ō PHYSICIAN: DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO N Dept. 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only Item State **EXAMINER?** OTHER 1 TYES 2 N HO ☑ Inpatiant 2 ☐ ER/Outpetlant 3 ☐ DOA 4 - Nursing Homa 5 - Residence 8 Other (Specify) 0 the 27. MAHHER OF DEATH 28a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, with INJURY DIRECTOR: After this 1 🕅 Natural 5 Pending investigation М 1 YES 2 HO death BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide s 8 Could not be determined 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED hours after Item 28 Is 4 Homicide 29a. CERTIFIER
(Check only one)

One)

MEDICAL EVAMINES: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. FUNERAL I = 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and placa, and due to the cause(s) and manner as stated. TO THE HOSPITY
TO THE FUNERA
De filed within 7
IMPORTANT: 1 29b. SIGHATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE sympul M1.0. Vauma 2438946 F11

30. HAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

VARMA

31. DATE FILED (Month, Day, Year)

UNION MEMORIAL HOSPITAL

22. REGISTRAR'S SIGNATURE Davel

UNIVERCITY

94 17064 3. TIME OF DEATH

9.15

10d. IHSIDE CITY

14. RACE — American Indian, Black, White, atc.

1XXYES 2 HO

8. BIRTHPLACE (State or Foreign

Maryland

10g. CITIZEH OF WHAT COUNTRY?

Specify: **Black** 4

20c. LOCATION -- City or Town State Balto., Md. 21222 , Inc. Approximate Interval Between Onset and Death Exercise 5 yes WERE AUTOPSY FINDINGS COMPLETION OF CAUSE OF DEATH? 1 - YES 2 1 HO 29d. DATE SIGHED (Month, Day, Year) 6/4/94 21212 DHMH-16 Rev 1/89

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R ATT	RECTO	urs aft	m 28
TALO	RAL DI	72 ho	MPORTANT: It Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notif
HOSP	FUNE	within	TANT
to the Hospital or attending phys	TO THE FUNERAL DIRECTOR: After this certificate has be	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglen	MPOR
-	_	4.0	

LEY(NDALE
31. DATE FILED (Month, Day, Yeld)
JUN 0 9 1994

1. DEC	EDENT'S NAME (First	Allelete 1		CE	niir	ICATE O	F DEA		REG 2. DATE OF DEA				3. TIME OF DEATH
	SCA		TAY	MAN)				MONTH	DAY	190	YEAR	SISO P
4, SOC	CIAL SECURITY NUME	V 1	5. SEX 6.	AGE (In yrs. last	birthday)	IF UNDER 1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRT	N 1			PLACE (State or Foreign
2	18-05-05	29	1 XM 2 F	74	YRS.	MONTHS DAY	HOURS	MIN.	(Month, Day, Ye 8/31/			Country	y)
9e. FAC	CILITY NAME (If not in	nstitution, give	street end number)			9b. CITY, TOW	N OR LOCATI	ON OF DE			c. COUNT	_	DLAND EATH
L	EVINDALE					BALT	IMORE						
RESI	DENCE OF DEC	10b. COUNT	-		40.00	Y. TOWN OR LO							to a more orma
	IARYLAND		TIMORE			ANDALLS							10d. INSIDE CITY LIMITS?
10e. ST	TREET AND NUMBER						10f. ZIP COD	F		10	Do. CITIZE	EN OF W	1 YES 2 NO
	801 SCHN		R. #110					133		1 1		US	
11. MAI	ARITAL STATUS		12. WAS DECEDENT E						NIC ORIGIN? (Spec		No- 1	4. RACE	— American Indian,
1	Never Merried 2	-	FORCES? 1 []-		0		specify Cubi	m, Mexica Specifi	iri, Puerto Ricen, al y:	(c.)		Speci	, White, etc. fy:
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	(Specify on	by highest grade	e completed)	16a. DEC	VEDENT'S VE kind of Do NOT U	WSUAL OCCUP! work done during se retired.)	TION most of worki	ng	18b, KIND (OF BUSINE	ESS/INDU	STRY	
Ele	ementary/Secondary (0-12}	College (1-4 or 5+)		VNER				LIQU	JOR S	TORE	2	
17. FAT	THER'S NAME (First, A	Aiddle, Last)					18. MOT	NER'S NA	ME (First, Middle, A	Aaiden Surr	name)		
	DAVID		TAYMAN					ELI	ZABETH			WEI	NSTEIN
	FORMANT'S NAME (D. (1) 1	196	MAILING	ADDRESS (Stre	et and Numbe	r or Rural	Route Number, City	or Town, Si	State, Zip C	Code)	
	S SHARON				6700	CHIPP	EWA C	г.	BALTIM	ORE,	MD	212	209
28 F. W.	NETHOD OF DISPOSIT	NON 3 □ Ren	noyal from State			E OF DISPOSITI	ON (Name		DATE 2	Oc. LOCATI	TION — CI	lty or To	wn, State
	Constion 5 Other		4	BNA	IS		6/7/94			BALT	TMO	RE,	MD
21. 916	GNATURE OF FUNERA	L SEMICE U	11/1/				LEVT		& BROS.	, TN	IC.		
	Hydrile	y LX	Millian	-					TOWN RD.			. N	ID 21215
23/P	PART LEnter the	licandae or	compliantions that a										1
0	ahock, or f	nsart fallure.	. List only one cause	aused the de-	ath. Do			ing, suc		respirate	ory arre	at,	Approximate Interval Betwe
	ahock, or/f EDIATE CAUSE (FI	saft fallure.	. List only ons cause	on sach line.		not enter the	mode of dy			respirato	ory arre	at,	
disea	ahock, or/f	saft fallure.	. List only ons cause	on sach line.		not enter the	mode of dy			respirate	ory arre	at,	Interval Betwe
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296. SIGNATURE AND TITLE OF CERTIFIER SEGMENT ATTENDING 296. LICENSE NUMBER
PHYSICIAN D25610

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) SET HTWAR
LEVINDALE 2434 W. BELVERDERE AVENUE BALTIMORE

31. DATE FILED (Month, Day, 1967)
JUN 0 9 1994

JUN 0 9 1994

JUN 0 9 1994

29d. DATE SIGNED (Morith, Day, Year)

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MARYLAND 21215-0020	
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DIVISION OF VITAL RECORDS, P.O. BOX

	1 - STATE OF MARYL STATE OF MARYL REGISTRAR		TOF HEALTH AND NE OF DEATH	IENTAL HYGIENE REG. NO.		
	1. OECEDENT'S NAME (First, Middle, Last) ROSETTA MARY VTN	ICENT		2. DATE OF OEATH MONTH DAY June 6, 19		3. TIME OF DEATN
			ER 1 YEAR IF UNDER 24 HRS.	7 DATE OF BIRTH	a Binti	7:58 p M NPLACE (State or Foreign
pino	217 24 2166 1 M 2 XF 9a. FACILITY NAME (If not institution, give street and number)	65 YRS. MONTHS	TY, TOWN OR LOCATION OF DE	10/18/19	28 Ma:	ryland
TOR	Meridian Franklin Woods		ssville			ore County
DIRECTOR	106. STATE 10b. COUNTY Maryland Baltimore Count	y Middle	on Location e River			10d. INSIDE CITY LIMITS? 1 YES 2 A NO
RAL	10o. STREET AND NUMBER 38 Dihedral Drive		101. ZIP COOE 21220		U.S.A	WHAT COUNTRY?
USE AS DIE CONTACTUAISIN PORTINIL. PAGES 1, 2, 3 STOOMS TED BY FUNERAL DIRECTOR	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IF FORCES? 1 YES IF YES, GIVE WAR OR D	2 - NO	3. WAS DECENDENT OF HISPANI If yes, specify Cuben, Mexican 1 YES 2 X NO Specify:	, Puerto Rican, etc.)	or No.— 14. RAC	E — Americen Indien, k, White, etc.
ETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementery/Secondery (0-12) College (1-4 or 5 +)	18e. DECEDENT'S USUAL (Give kind of work don- life. Do NOT use retired:	e during most of working	16b, KIND OF BUSI	INESS/INDUSTRY	wiiice
once.	12 2	Clerk	k	Electi	ronics	
8 M	17. FATNER'S NAME (First, Middle, Last) Edward Sanders		18. MOTNER'S NAM Lauri	nda F	Surneme) Hahn	
TO TO	190. INFORMANT'S NAME (Type/Print) Laurinda May		ss (Street and Number or Rural Adral Drive			id. 21220
must be		b. PLACE AND DATE OF DISPO	Mem. Gard.6		cation — City or To	
examiner	21. SIGNATURE OF FUNERAL SERVICE LISTING	- I	R. NAME AND ADDRESS OF FACE Bruzdzinski 407 Eastern A	Funeral	Home P	.A.
attention of present in the community, or other traumatic event, the CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	A CONSEQUENCE OF): A CONSEQUENCE OF):	ncreatic Co	in(er		Onset and Death Menthy
를 를	PART II. Other algnificent conditions contributing to death i	but not resulting in the	underlying cause given in i	Part I. 24a, WAS AN A		. WERE AUTOPSY FINDINGS
hows any	DID TOPACCO LISE CONTRIBUTE TO	CAUSE OF DE	TI VICE IN	1 D YES 2	7	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
A Z G	DID TOBACCO USE CONTRIBUTE TO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	QTHE	26. PLACE OF DEATH (Che	ckfonly one)		
d, or item HYSICI	1 ☐ YES 2 ☐ NO		ursing Home 5 Residence (Other (Specify) 28d. DESCRIBE NOW IN	HIRV OCCURED	_
	1 Natural 5 Pending (Month, Day, Year) 2 Accident Investigation	INJURY M Y — At home, ferm, stree1, 1s	WORK? 1 YES 2 NO			
hours after death Item 28 is mar	4 Homicide determined building, etc. (Spe	icity)	ictory, ornes	281. LOCATION (Street ar City or Town, State)	no Number of Numer	noute Number,
द्वश= ∑	29s. CERTIFIER (Check onl) 2					s) and manner se stated,
MPORTANT:	296. SIGNATURE AND TITLE DE CERTIFIER	E TN (TEN OT (To) O)	D339	Y3	≥ G/B	1999 (Year)
	30 MAME AND ADDRESS OF PERSON IN TO COMPLETED CAUSE OF DI TYAN CULT TO THE THEO (MONTH, Day, Year) 31. DATE FILEO (MONTH, Day, Year) 32. REGISTRAR'S SIGN	Sipital 1	Center	Visun a	Levy 1	D.D.
(7	JUN 0 9 1994 Julio Sanisan	- Russia				OHMN-16 Rev 1/89

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	1. DECEDENT'S NAME (Fir	st, Middle, Last)						DEAT		2. DATE	REG. NO	DAY	YEAR	3. TIME OF DEA
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	4. SOCIAL SECURITY NUM	7.5	5. SEX	6. AGE (In yrs. I		IF UNDER	DAYS	IF UNDER 2	MIN.	7. DATE ((Month)	Day, Year)		8. BIRT	THPLACE (State or .
	218-32-6			5	S YRS.						8,21,			norylow
Œ	9a. FACILITY NAME (If not					13		OR LOCATIO					JNTY OF	
5	RESIDENCE OF DE		enter			Ball	للجماء	ne in	soury!	bons	3	1 B	ntha	nore
RECTO	10a. STATE	10b. COUN	TY		10c. CI	TY, TOWN O	R LOCAT	TION						10d. INSIDE CIT
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3AL	100. STREET AND NUMBE						101	. ZIP CODE				10g. CI1	TIZEN OF	F WHAT COUNTRY?
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ВУ	3 Widowed 4 Di		IF YES, GIVE Y	MAR OR DATES		1	☐ YES	2. NO	Specify:				AFF	ecity: R. AMERI
9		ECEDENT'S ED		16a, C	ECEDENT'S	USUAL OC	CUPATIO	ON		16b.	KIND OF BU	JSINESS/IN		
Щ	Elementary/Secondary	(0-12)	College (1-4 or 5		(Give kind of te. Do NOT u	work done di se retired.)	uring mo	st of working						
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00	17. FATHER'S NAME (First,							18. MOTNI	ER'S NAM	IE (First, M	iddle, Maider			M M
BE	MOSES VIR							GL	ADYS	VIR	GIL			
2	19a. INFORMANT'S NAME			1				and Number o					ip Code)	
	SHAWN HOL							AVE.	BAI	-				
	1 X Burial 2 Cremat 4 Donation 6 Oth	tion 3 - Rat	movel from State	cemetery, c	ZION	of DISPOSI	TION (Na	ame of	6/1	OATE				Town, Stata
	21. SIGNATURE OF FUNE		ICENSEE A	TII.	ZION		IAME AN	ND ADDRES		0/94	1 1	BALTO	• ML)
	1	01	· d-	1							NERAL	TIOM	T1 T)	
		10 1	1 11 - 1	1										
		haart fallure	complications the	nt caused tha cuse on each lie	daath. Do	1	300	EUTA	W PI	ACE	BALTO	. MD	212	217 Approxir
TIFICATION	anock, or IMMEDIATE CAUSE (F disease or condition resulting in death) Sequentially list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events	Hitlons, nediate YING piury	b. A DUE TO	Pralopodi FOR AS A CONS O OR AS A CONS	EOUENCE C	1 not anter i	300 the mo	EUTA	W PI	ACE ss card	BALTO	. MD	212	Approximintarial onset an 6 3
ERTIF	anock, or IMMEDIATE CAUSE (F disease or condition resulting in death) Sequentially list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in	Hitlons, nediate YING piury	b. A DUE TO	Phalopod For as a cons FOR AS A CONS	EOUENCE C	1 not anter i	300 the mo	EUTA	W PI	ACE ss card	BALTO	. MD	212	Approximintarial onset an 6 3
MEDICAL CERTIFI	anock, or IMMEDIATE CAUSE (F disease or condition resulting in death) Sequentially list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events	illtions, nedlate YING sjury	a. ENCE DUE TO DUE TO C. QUE TO DUE TO C. QUE TO	Phalopot For as a cons For as a cons For as a cons	EOUENCE C	1 not anter	300 the mo	EUTA de of dyln	W PI	ACE se card	BALTC ac or reas	N AUTOPSY RMED?	212	Approximation of pearing of the pear
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SICIAN: MEDICAL CERTIFI	anock, or IMMEDIATE CAUSE (F disease or condition resulting in death) Sequentially list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA PART II. Other significations are considered in the conditions of the conditio	Hitlons, heddate ying significant conditions.	a. ENCE DUE TO DUE TO C. QUE TO DUE TO C. QUE TO	OF AS A CONS	EOUENCE C	1 not anter	300 the mo	EUTA de of dyln	W PI	Part I.	BALTC lac or reap 24a. WAS AI PERFO 1 YES	N AUTOPSY RMED?	212	Approximintary all onset and onset a
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ETED BY PHYSICIAN: MEDICAL CERTIFI	Anock, or IMMEDIATE CAUSE (Fidesase or condition resulting in death) Sequentially list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA PART II. Other significations are sequentially lead to the significant of th	Hitlons, hedlate ying and condition in the pending investigation investigation in the pending investigation in the pending investigation in	DUE TO B. DUE TO C. DUE TO C. DUE TO d. DUE TO d. DUE TO 25a. DATE OF (Month, L.	DER/Outpatlant FINJURY Dey, Year) DEFINJURY At I., etc. (Specify)	EOUENCE C EOUENCE C EOUENCE C EOUENCE C T resulting 3 □ DOA 28b. Till IN home, term,	In the unce	26. PL	EUTA de of dyln Synd g cause gi ace of De to 5 Ras tink? YES 2 end place, teeth occure 29c. LICEP	W PI ng, auch liven in F ATN (Che lidenca (Part I. Cok only one Coty of City of City of Coty of	24a. WAS AI PERFO	N AUTOPSY RMED? 2 NO INJURY OC and Number	212 rrest, 24 ccured or or Rura ated. the cause	Approximintarial onset as 6 cc c

3. TIME OF DEATH 9:30/m

10d. INSIDE CITY LIMITS?

14. RACE — American Indian, Black, White, atc.

Specify: BLACK

1XXYES 2 NO

STATES

CAROLINA

8. BIRTHPLACE (State or Foreign

Now

n and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should to burial, cremation, or removal.

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After 1 death

DIRECTOR: J

HOSPITAL I FUNERAL C within 72 h 1000

TO THE HOSPITA
TO THE FUNERAL
DE filed within 72
IMPORTANT: II

DR ATTENDING PHYSICIAN: The law

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPLETED

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31. DAT

27. MANNER OF DEATH

1 X Natural

2 Accident

3 Suicide

4 Homicide

DIRECTOR

FUNERAL

BY

COMPLETED

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH Lee 0 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 218-14-9924 JUL 19 76 HOURS X → M 2 □ F ,1917 YRS. 9e. FACILITY NAME (If not institution, give street and number, 96. CITY, TOWN OR LOCATION OF DEATH BALTIMORE 9c. COUNTY OF DEATH HOSPITAL CITY CHURCH HOME RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION MARYLAND n/a BALTIMORE 101. ZIP CODE 21213 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? MILTON AVENUE 1106 N. UNITED 11 MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMEO FORCES? 1 YES 2 NO IF YES, GIVE WAR OR OATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No--If yes, specify Cuben, Mexican, Pusho Ricen, etc.)

1 YES 2 NO Specify: 1 Never Merried 2 Merried 3 Widowed 4 Divorced 18e. DECEDENT'S USUAL OCCUPATION 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work dollife. Do NOT use retired Elementary/Secondary (0-12) College (1-4 or 5+) LONGSHOREMAN LABORER 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) CHARLIE WILKES ROSEY FORBES 19a. INFORMANT'S NAME (Type/Print) 196. MAILING ADORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
1106 N. MILTON AVENUE, BALTIMORE, MD# LUVERNIA WILKES 200. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State 1 XB\(riel 2 \subseteq Cremation 3 \subseteq Ramoval from State KING MEMORIAL PARK RANDALLSTOWN, MD Donetion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY WM.C.MARCH FH.-1101 E. NORTH AVE. ech 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on IMMEDIATE CAUSE (Final disease or condition NEUMONIA reaulting in death) DUE TO (OR AS A CONSEQUENCE OF) Sequentially list conditions. QUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated eventa resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMEO? HRADT RA11 110E

1100016	1 1/1/20/42	
,		

1 YES 2 NO

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 | YES 2 | NO

Approximate

interval Between Onset and Death

DID	TOBACCO	USE	CONTRIBUTE	TO	CAUSE	OF	DEATH	YES	NO
	C DCCCCDCC							-	

25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF OEATH (Check only one) HOSPITAL: 1 TES 2 NO

OTHER:
4 □ Nursing Home 5 □ Residence 8 □ Other (Specify) 1 / Inpetient 2 - ER/Outpetient 3 - DOA 28s. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCUREO М 1 YES 2 NO

28e. PLACE OF INJURY — At home, term, street, tectory, office building, etc. (Specify)

281. LOCATION (Street end Number or Rural Route Number, City or Town, State)

29e. CERTIFIER	4 W CENTIEVING BUYGIGIAN T. A. L. A.
(Check only	1 🔯 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the ceuse(e) and manner ee stated.
one)	

2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER

 A	12.	0/	em	no

3 22 29d. DATE, SIGNED (Month, Day, Year)

30.	NAME AND	ADORESS	OF PERSON	WHO COMPLETED	CAUSE OF	DEATH (ITEN	127) (Type,	Print)

E	FILEO	(Month,	Day,	Ybar)		32. REQ
		JUN	0	9	1994	9
	-		u	1.0	NO I	

5 Pending

8 Could not be

Investigation

determined

2.	REGISTRAR'S SIGNATURE	Manda

d

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	THE MEN OF FREE MANAGE OF FREE STATE OF
THE HO THE FU filed wit	

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH DECEDENT,'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Lucinda Williams Williams 18:29 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign DAYS HOURS S.C. 1 M 2 D 4-24-246-18-0259 should 9s. FACILITY NAME (If not institution, give 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH PRITE OF DECEDENT DIRECTOR 11, Himore 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Md. Boldimore 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? Sham Street 4613 21206 U.S.A. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Puben, Maxican, Puarlo Rican, atc.) 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 14. RACE — American Indian, Black, White, stc. 2 X NO 1 Never Married 2 Married lity Subs Specify: Black IF YES, GIVE WAR OR DATES 1 TYES 2 ВҰ 3 Widowed 4 ☐ Divorced Specify: 15. DECEDENT'S EDUCATION 18a. DECEDENT'S USUAL OCCUPATION COMPLETED 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest gi (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) Disabled 17. FATHER'S NAME (First, Middle, Last) ts. MOTHER'S NAME (First, Middle, Maiden Surname) MARY COIT BE AKIN COIT 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 4613 SHAMROCK AVE. BALTO. MD 21206 19a. INFORMANT'S NAME (Type/Print) 2 MARY JONES 20a. METHOD OF DISPOSITION
1X → Burlai 2 □ Cremation 3 □ Ramoval from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE KINGS MEM. PARK RANDALLSTOWN, MD ☐ Donation 5 ☐ Other (Specify) _ 6/3/94 21. SIGNATURE OF FUNERAL/SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
ESTEP BROTHERS FUNERAL HOME P.A. 1300 EUTAW PLACE BALTIMORE, MD 21217 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock or heart failure. List only one cause intarval Between IMMEDIATE CAUSE (Final Onaet and Death disease or condition OVE resulting in death) DUE TO (OR AS A CONSEQUENCE OF) Myocardia CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL OTHER: 1 YES 2 NO 1 | Inpatient 2 ER/Outpetient 3 | DOA 4 Nursing Home 5 Residence 6 Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 27, MANNER OF DEATH 28c. INJURY AT WORK? 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED Natural Accidant t YES 2 NO ΒY investigation 3 Suicide 28s. PLACE OF INJURY — At home, farm, street, factory, offica building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be determined COMPLETED 4 Homicide 29a, CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and placa, and due to the cause(a) and manner as stated, 2 MEDICAL EXAMINER: On the d/or investigation, in my opinion, death occured at the time, data and place. SIGNATURE AND TITLE OF CERTIFIE 29c, LICENSE NUMBER 29d. DATE SIGNED (Month, Pay, 8 2 ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27)

Silverman

32. REGISTRARIS SIGNATURE

JUN 09 19

Pilotti I.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First Middle Last)

3. TIME OF DEATH

REG. NO.

2. DATE OF DEATH

YEAR MABET. MAY WILLIAMS 25 1994 07:00 A 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH (Month, Day, Year) 6. AGE (In yrs. last birthday) IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 1 M 2 X F 85 214-50-3009 5 12 MD use as the burial-transit permit. Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give atreet and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR GREATER BALT. MEDICAL CENTER BALTIMORE BALTIMORE RESIDENCE OF DECEDENT 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY MD. BALT. BALTIMOE 1 X YES 2 NO 10e. STREET AND NUMBER FUNERAL 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 350 GWYNN AVE. 21229 U.S.A. retained by the hospital or attending physician. 5 should be detached for use as the burial-tran 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or NoIf yes, specify Cuben, Mexicen, Puerto Rican, atc.)
 U YES 2 X NO Specify: 14. RACE — American Indian, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 FORCES? 1 YES 2 1 Never Merried 2 Merried В 3 X Widowed 4 Divorced BLACK COMPLETED 15. DECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KINO OF BUSINESS/INDUSTRY (Specify only high Elementery/Secondary (0-12) College (1-4 or 5 +) HOUSEWIFE 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) 듁 CORA WILSON BE EDWARD DIXON notified page 5 should 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 PATRICIA DAWSON 350 GWYNN AVE. BALT. MD. 21229 nours after death. Page 6 may be must be 20s_METHOD OF DISPOSITION
1 (X Burlei 2 Cremation 3 Removal from State 20b. PLACEAND DATE OF DISPOSITION (Name of 20c. LOCATION -- City or Town, State OATE funeral director, emetery, cremetory or other place)
CEDAR HILL AVE Cemeter 6/1 4 Donetion 5 Other (Specify) Baltimore, medical examiner 21, SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Nutter Funeral Homes, Inc 2501 Gwynns Falls Parkway fevin Baltimore, Maryland 21216 completely filled in by the rial, cremation, or removal. 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest. Approximete shock, or heart feiture. Liet only pne ceuse on each line. interval Between n and completely filled in to bunal, cremation, or RESPIRATORY FAILURE Onset end Death IMMEDIATE CAUSE (Final the diseese or condition recuiting in death) event, QUE TO (OR AS A CONSEQUENCE OF): DIVISION OF VITAL RECORDS, P.O. BOX 68760 requires that the death certificate be executed with OPD traumatic CERTIFICATION Sequentially list conditions DUE TO (OR AS A CONSEQUENCE OF): attending physician a ental Hygiene prior to if any, leading to immediate YA cause. Enter UNDERLYING CAUSE (Disease or injury other OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 1 abetes 6 the atter PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL signed by the Health and N AWAILABLE PRIOR TO any COMPLETION OF CAUSE 1 - YES 2 - NO OF DEATH? Shows a 1 TES 2 NO been jo DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES has be Dept. (PHYSICIAN: NO 🗆 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law TO THE FUNERAL DIRECTOR: After this certificate has be filed within 72 hours after death with the State Dept. IMPORTANT: If Item 28 Is marked, or Item 23 s 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 TES 2 NO 1 Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF OEATH 28e. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO ВУ 2 Accident Investigation 28e. PLACE OF INJURY — At home, term, street, tectory, office building, etc. (Specify) 3 Suicide 28t. LOCATION (Street end Number or Rural Route Number, City or Town, State) 8 Could not be 4 Homicide determined Ħ 29e. CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, dats end piece, end dus to the cause(e) end menner as stated. COMPL (Check only one) 2 MEDICAL EXAMINER: On this basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) end menner ee stated. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. OATE SIGNEO (Month Day Year) ay mind 26 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) YORK OWSUN (M)

0.05.

	REGISTRAR		CERTIFIC	CATE O	F DEATH	REG. NO).	
	1. DECEDENT'S NAME (First, Michille, Last)	Doro	thy J.Wo	oda11		June 8	1994	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER		(fir yes. last birthday)	F UNDER 1 YEAR ONTHE DAYS	IF UNDER 24 HRS.	7. DAYE OF BIFTH (Month, Dec. Hear) Aug. 6, 1	8.8	RTHPLACE (Steen or Foreign
TOR	903 Northfiel Besidence of Decedent		i e		dena,Md	ATH	Se. COUNTY C	
DIRECTOR	10s. STATE 10s. COUNT	Arundel	106. CITY, Pas	rowy on Loc sadena	ATION			10d. INSIDE CITY LIMITS? 1 YES XX MO
FUNERAL	903 Northfield A				OH. ZIP CODE 21122		Unite	of what country? ed States
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR D	2 XNO	If yes,	ECENDENT OF HISPAN specify Cuban, Mexica IS 2 NO Specify		1 1	MCE — American Indian, Nack, White, etc. Ipecity: White
COMPLETED	15. DECEDENT'S EDI (Specify only highest gred Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	18s. DECEDENT'S UI (Cine kind of wax she. Do NOT use	rk dane during r milred.)	nost of working		siness/industr	
BE COM	17. FATHER'S NAME (First, Michille, Last)	ranklin	Purcell	SHEROID		ME (First, Mickelle, Maider		Myers
TO B	Mr. James Wesse	ls			and Number of Person Ld Avenue	Pasaden		
	20a. METHOD OF DISPOSITION Durial 2/CyCremation 3 Red 4 Donation 5 Other (Specify)	20	b. PLACE AND DATE OF melery, crematory or only				OCATION — City of	le, Maryla
AL CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b Hyperfe TO (OR AS	A CONSEQUENCE OF: A CONSEQUENCE OF: but not resulting in		ing cause given in	Part I. 24a. WAS AI		Interval Bett Opset and E I Lyg
YSICIAN: MEDICAL CI	DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL	CONTRIBUTE TO	CAUSE OF			Later	2 3445	COMPLETION OF CALL OF DEATH? 1 YES 2 AND
	EXAMINERY 1 YES 2 NO	HOSPITAL:		THER:	PLACE OF DEATH (CN	noseorpiisormaseone		
ву рну	27. MANNER OF DEATH 1. Natural 5 Pending 2 Accident Investigation	25s. DATE OF INJURY (Month, Diej, War)	289. TIME INJUI	M T	NJURY AT YORKY YES 2 NO	284. DESCRIBE HOW		
ETED	3 Suicide & Could not be 4 Homicide determined	building, etc. (Soc	Y — At home, farm, str ocify)	ewr, tectory, off	ice	28f. LOCATION (Street City or Town, State	and Number or Ru	ret House Number,
TO BE COMPLE	296. SKRATURE AND TITLE OF CETUPE	400 0	on eftigi investigation,	in my opinion.		time, date and place, a	nd due to the cau	se(s) and manner as state SED (Month. Day, Mont)
DT TO	30. HAME AND ADDRESS OF PERSON WITH A STATE PILED (Month, Day, Year) JUN 0 9 1994	32. MOUSTANES SHOW	COn 1	PULNI		d.,210	6/	917

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within hours after death. Page 6 may be retained by the hospital or attending physician.	ter death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the " be filed within 72 hours after death with the State Dept, of Heath and Mental Hygiene prior to burial, cremation, or removal.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	si examiner must be notified at once.
TO BE COMPLETED BY DHYSICIAN: MEDICAL CERTIFICATION	TO BE COMPLETED BY FINISHAL NIBERTON

	1 - FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF		MENTAL	HYGIENI REG. NO.	Ē		
	1. DECEDENT'S NAME (First, Middle, Last)						OF DEATH			TIME OF DEATH
	Helen C. Z	urek				Ju:	ne 6.	199	EAR 2	2:15P M
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7 DATE (OF BURTH	1.0	BIRTHPL	ACE (State or Foreign
	579-52-3933A 90. FACILITY NAME (If not institution, give stre	1 M 2XXF 8	4 vas.	MONTHS DAYS	HOURS MIN.		0 ay. Year)	910		AHOMA
DIRECTOR	MARYLAND GE		SPITAL		ALTIMOR			m/		in .
<u>입</u>	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		10c, CIT	Y. TOWN OR LOC	ATION				10	d. INSIDE CITY
	MARYLAND n/a				BALTIMOR	Е			1.	LIMITS? YES 2 NO
FUNERAL	100. STREET AND NUMBER 111 W. CAR	VER STRE	ΕT		21201			UNIT		STATES
3	11. MARITAL STATUS	12. WAS DECEDENT EVER I		13. WAS D	ECENDENT OF HISPA	NIC ORIGIN	? (Specify Yee		. RACE —	American Indian.
BY F	1 Never Merried 2 Merried 3 Wildowed 4 Divorced	FORCES? 1 YES	2 X NO If yes, specify Cuben, Mexican				Ican, etc.)			Vhite, etc. BLACK
	15. DECEDENT'S EDUCA		16a. DECEDENT'S	USUAL OCCUPA	TION	16b.	KIND OF BUS			
COMPLET	(Specify only highest grade of Elementary/Secondary (0-12)	Cotlege (1-4 or 5+)	life. Do NOT us							
<u> </u>	12th 2	years	SEC	RETARY		BD	. OF	EDUC.	ATI	NC
5	17. FATHER'S NAME (First, Middle, Last) WILLIAM	ONEWOLF			18. MOTHER'S NA					
BE	19e. INFORMANT'S NAME (Type/Print)	ONLWOLI			CYNT		PAF			
임		AMBERS	513		ER KEND					N,PA15050
	20a, METHOD OF DISPOSITION	201	. PLACE AND DATE	OF DISPOSITION /	Name of	OATE		CATION — City		
	4 Donetion 5 Other (Specify)	cen	OSHEL	Le MEMO	RIAK GA	RDEN	S DU	INDAL	K,M[)
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE		22. NAME	ANO ADDRESS OF FA	CILITY				
	Vereside	Nagre_								ORTH AVE.
	23. PART i. Entar tha diseasea, or co shock, or haart failure. L.	emplications that cause ist only one cause on a	d tha death. Do reach line.	not anter the n	node of dying, suc	h as card	lac or respi	ratory arrest	9	Approximate interval Between
	IMMEDIATE CAUSE (Final									Onset and Death
	disease or condition resulting in death) a. cerebro vascular accident							3 yrs		
,	atherosclerotic vascular disease 3 vrs									
CERTIFICATION	Sequantially list conditions, if any, leading to immediate		CONSEQUENCE OF		scarar (TISEC	156			3 yrs
<u>8</u>	cause. Enter UNDERLYING CAUSE (Disease or injury									
HE HE	that initiated evants resulting in death) LAST	DUE TO (OR AS A	A CONSEQUENCE OF	F):						
	d.									
ÄL	PART II. Other significant conditions	contributing to death b	out not resulting	in the underly	ng cause givan in	Part i.	24s. WAS AN			ERE AUTOPSY FINDINGS AILABLE PRIOR TO
MEDIC						_	1 _ YES 2	₹ NO		OMPLETION DF CAUSE F DEATH?
									1	YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL				DI AGE OF DEATH O					
2	EXAMINER?	HOSPITAL:		OTHER:	PLACE OF DEATH (C/					
PHYSICIAN:	27. MANNER OF DEATH	1 Inpetient 2 ER/Out	28b, TIM		ome 5 - Reeldence	_	(Specify)	LITIRY OCCUR	ED	
	1 Natural 5 Pending Investigation	(Month, Day, Year)	INI	JURY \	YORK? YES 2 NO					
D BY	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY	— At home, farm,	street, factory, of	lice		TION (Street e	nd Number or	Rural Rout	te Number,
building, stc. (Specify) City or Town, State)										
2 Succession Succession										
								nd menner ee stated.		
NE NE	296. SIGNATURE AND TITLE OF GERTIFIER	Ω			29c. LICENSE NU			29d. DATE S	IGNEO (M	lonth, Day, Year)
5	(pol 0, 6	syme 1	nD		8920	13		J	une	6. 1994
-	30. WAME AND AGORESS OF PERSON WHO				4					
	Justin Byrne. 31. DATE FILED (Month, Day, Year)	M.D. C/	O Maryl	and Ge	neral H	lospi	tal		_	
	JUN 0 9 1994	32. JEGISTRAR'S SIGN	n- Randall							

AND MENTAL HYGIENE

FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT CERTIFICATE		
		_	

	1 - STATE REGISTRAR	SIAIE UF N	IARYLAND / C	ERTIF					MENIAL	REG. NO.	Ŀ				
	1. DECEDENT'S NAME (First, Middle, Last)									OF DEATH		WEAR	3. TIME OF DEATH		
	MICHAEL.	SCOTT		AN	THAN	IAS			MA Y	31	-	944	5:30 P M		
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. Is		IF UNDER	1 YEAR	IF UNDER	24 HRS. MIN.	7. DATE (Day, Year)		Country	PLACE (State or Foreign		
	225-43-9943	1 📉 M 2 🗌 F	23	YRS.	MOITTES	UAITS	noons	mirt.	Janua	ary 10,	1971	Was	hington D.C.		
~	9e. FACILITY NAME (If not institution, give si		I O DIW	7.0	9b. CITY	, TOWN C	R LOCATIO	ON OF DE	EATH			NTY OF D			
5	POTOMIC RIVER	POTOM	AC RIVI	3R							WA	SHIN	IGTON		
DIRECTOR	10e. STATE 10b. COUNTY	-		10c. CIT	Y, TOWN (OR LOCAT	IDN						10d. INSIDE CITY		
	Virginia Prince	William		Woo	dbri	ige						_	LIMITS?		
AL	10s. STREET AND NUMBER					101	ZIP CODE				10g. CIT	IZEN OF W	HAT COUNTRY?		
当	12221 Allspice Cour	t		22192							U.S	.A.			
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2 X	2 XNO II yes, specify Cuban, Mexican, Puarto Rican, etc.)						or No-					
윤	15. DECEDENT'S EDUC (Specify only highest grade	(0	6e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working						KIND OF BUS	SINESS/INI	DUSTRY				
	Elementary/Secondary (0-12)) life	Do NOT us	se retired.)			•		Υ						
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	1	Labor	er					Landso		g				
	James L. Anthanas		18. MOTHER'S NAME (First, Middle, A Mary Diane Beal												
BE	19a. INFORMANT'S NAME (Type/Print)	19	19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or								n Code)				
5	Mary Diane Anthar								idge, V						
	20e. METHOD OF DISPOSITION 1 Buriel 2 C-Cremetion 3 Remo	and the Cart	20b. PLACE	AND DATE	OF DISPOS	ITION (Na	ma of		June 20c. LOCATION — City or Town, Stata						
53	4 Donation 5 Other (Specify)		Pote	mac (rem	ator	у		3.94 Dale City, va.						
Į,	21. SIGNATURE OF FUNDIAL SERVICE LIC	ENSEE /			22 M	ount	Casti	e Fr	ineral	Home					
	Sport 1	1. W	6//		4	143 1	Dale	B1vd	., Dal	le City	, Va.	2219	3		
CERTIFICATION	shock, or haart failure. IMMEDIATE CAUSE (Final disease or condition resulting in daath) Sequentially list conditions, if amy, isading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in daath) LAST	DUE TO	OR AS A CONSE	AS A CONSEDUENCE OF): AS A CONSEDUENCE OF):									Interval Between Onest and Desth		
	PART II. Other significant condition	a contributing to	death but not	resulting	In the ur	deriving	CRUSS	lven In	Part I	24s, WAS AN	ALFTONOV	245	WERE AUTOPSY FINDINGS		
CAL				rasaking	iii dig di	derrynn	cause g	iveli ili		PERFDR	MED?	240.	AMAILABLE PRIOR TO COMPLETION OF CAUSE		
PHYSICIAN: MED										1 YES 2	∐ NO		DF DEATH?		
ä	DID TOBACCO USE C	ONTRIBUTE	TO CAU	SE OF	DEAT	HY	ES 🗌	NO					130.101		
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:					ACE OF O	EATH (Che	eck only one)					
KSI	tX ¥ES 2 □ NO	1 Inpatient 2	ER/Outpatient	3 🗆 DOA	OTHER	R: aing Hom	5 🗆 Res	sidence	8XX ther	(Specity) R	IVE	R			
	27. MANNER DF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. OATE DF (Month, D	INJURY ly, Year)	28b. TIM	E OF URY M		JRY AT RK? ES 2	NO	28d. 0E\$	CRIBE HOW II	NURY OC	CURED	1-10		
D BY	2 Accident Investigation 3 Suicida 8 Could not be	28a. PLACE O	F INJURY — At he	ome, lerm,	streel, lect	ory, offic			281. LOCA	TION (Street or Town, State)	and Number	r or Rural R	oute Number, MD		
	4 Homicide determined		RIV	TR.			_		POTON		wer	HA	PER FERRY		
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC ONE) X X MEDICAL EXAMINE	my knowledge, de	eath occurr	ed at the t	lme, date	end placa, ath occur	and due	to the caus	e(s) end men	ner ee ata	ted. he ceuse(e	and menner ea stated.			
BE	TO SUBSTITUTE AND TALE OF SENTINES	1				29c. LICE		MBER	DER 29d. DATE SIGNEO (Month, Day, Year)						
٩	30. NAME AND ADDRESS OF PERSON WHO MARIO F. GOLLE	111 P'S SIGNATURE	Peni	n St	ree	t, E	Balt	timo	re, M	-	UNE land	21201			
	JUN 1 0 1994			•											

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COLUMN TO THE RESIDENCE OF THE PARTY OF THE

1 - STATE

ITEM 27, PER MEO FILM G-714 8/17/94 t.t. STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1. DECEDENT'S NAME (First, Middle, Las	st)						2. DATE OF MONTH	DEATH	IV	YEAR	3. TIME OF DEATH		
	DORETHA BAK	ER						JUNE	8		94	8:10A		
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest	-	IF UNDER 1 YEA		24 HRS.	7. OATE OF			6. BIRTH Countr	IPLACE (State or Foreign)		
	212-42-0453	1 🗌 M 2 💢 F	52	YRS.	HONTHS DA	HOURS	MIN.	Jan.		942		RGINIA		
	9a. FACILITY NAME (If not institution, give	e street and number)			9b. CITY, TOV	WN OR LOCATI	ON OF DE			9c. COUNTY OF OEATH				
DIRECTOR	2700 GILES	RD.			BAT	TIMOF	E C	TTY		N/A				
ַ	RESIDENCE OF DECEDENT 10a, STATE 10b, COU	NTV		40 - 0174										
	MD				TOWN OR LO					10d. INSIDE CITY LIMITS?				
	10e. STREET AND NUMBER	N/A		BAI	LTIMOF						1 X YES 2 NO			
RA		A 1 (13A 11 113	3.D/17	7		10f. ZIP COO				IZEN OF WHAT COUNTRY?				
FUNERAL	5629 FRANKFORD A		APT. B-				206			J.S.A				
3	1 Never Merried 2 Married	FORCES? 1	YES 2 XN	O NED	If yes	DECENDENT (n, Maxicar	n, Puerto Rica	Specify Yas in, stc.)	or No-	Blaci	— American Indian, c, Whita, atc.		
B	3 X Widowed 4 Olvorced	IF YES, GIVE V	WAR OR DATES		1 🗆	YES 2XXNO	Specify				Speci	BLACK		
	15. DECEDENT'S E	DUCATION	18a. DEC	EDENT'S U	SUAL OCCUP	PATION		16b. KI	ND OF BUS	INESS/INC	DUSTRY	DEFFOR		
	(Specify only highest gra Elementary/Secondary (0-12)	College (1-4 or 5	(Giv		ork done during	g most of working	ng	1,000,00						
7	12th	N/A	"		N/A			-	N/A					
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAME (First, Middle, Meiden Surname)									
Ш	STEWART TILGHMA	AN			JENNY MAE WILLIAMS									
0	19a. INFORMANT'S NAME (Type/Print)		19b.	MAILING A	ADDRESS (Str	_				Code)				
임	DEVON M. BAKER							NORE, MD 21225						
	20a. METHOD OF DISPOSITION								GILES ROAD/BALTIMORE, MD 21225 EOF DISPOSITION (Nample of					
	1 Burlei 2 Cremation 3 Re 4 Donation 5 Other (Specify)	moval from Stata	Cemetery, crem	N PAT	er place CE	metery Memoro	7	BALTIMORE CO., MD						
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	7	-1	22. NAM	E AND ADDRE	SS OF FAC		וחטרו	TUOR	ت رز	, , , , , , , , , , , , , , , , , , ,		
	1	10	X -			H F.H.								
	shock, or heart failur	Hyperter	ise on each line.	c Car	diova	mode of dy	ing, suct	n as cardiad	E/BAI	TIMC	PRE,	Interval Betv		
IFICATION	shock, or heart failur IMMEDIATE CAUSE (Finsi disease or condition	Hype rterio Arterio DUE TO DUE TO C.	ise on each line. in Sive scleroti	C Car	diova	mode of dy	ing, suct	n as cardiad	E/BAI	TIMC sratory srr	PRE,	Approximate Interval Betv		
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BALTIMORE, MARYLAND 21215-0020

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24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE

Approximata Interval Between Onset and Daath

ORE. MARYLAND 21215-0020

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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DIVIDION OF VILAL RECORDS, P.O. BOX 88/80,	TAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 m	VAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director,
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JUN 1 0 1994

	ļ	1. DECEDENT'S NAME (First, Middle, Last) Marie Evelyn Brown 2. DATE OF DEATH MONTH DAY YEAR June 7, 1994 2. DATE OF DEATH JUNE 7, 1994													
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should		9a. FACILITY NAME (If not institution, give si	reet and number)			9b. CITY,	TOWN C	OR LOCATI	ON OF DE		.,,_,		NTY OF D		
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-	띪	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	,		10c CIT	Y, TOWN OF	LOCAT	TON.		_					
physician. burlal-transit permit. Pages 1.	DIRECTOR		rford		100.01	Be1								10d. INSIDE CITY LIMITS? 1 X YES 2 NO	
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ian. transit	NE	1307 Saratoga I					\perp		1014						
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	E	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16	6a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)					16b	KIND OF BUS	SINESS/IND			
the hospital or detached for u	COMPLET	Elementary/Secondary (0-12) N/A	College (1-4 or 5 - N/A	+)		se retired.) naker					Ow	n Hor	ne		
by the hospit be detached at once.	O	17. FATHER'S NAME (First, Middle, Last)								18. MOTHER'S NAME (First, Middle, Maiden Surname)					
क विव	Ū U	Lon Lionel Fash		Marie Sophia Kempf											
should should	00	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING	MATTIE SOPHIA KEMPI ING AODRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)							_				
Page 6 may be ri I director, page 5	2	David Brown		7 Saratoga Drive, Bel Air, MD 21014							4				
	İ	204 METHOD OF DISPOSITION		20b. PL	ACEANDDATE	OF DISPOSIT	ION (Na	me of		OAT		CATION —			
		1 M Burlal 2 Cremetton 3 Removal from Stata Cemetery, crematory or other place) Bel Air Memorial Gardens Bel Air, Mar												ryland	
		21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		1			ID ADDRE			1 Home				
er death. he funera al.		more,		21236											
3 = , 0		23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, and ck, or heart fallure. List only one cause on each line.													
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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Dr. Linda Freilich, 101 E. Wheel Rd., Bel Air, MD

32. REGISTRAR'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

DHMH-18 Rev 1/89

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retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 nours after death. Page 6 may be

the burial-transit permit, Pages 1, 2, 3 should SP for use ; detached pe 76 should notified page 5 s must be funeral director, examiner filled in by the traumatic event, the medical 0 cremation, and completely fill burial, cremation DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with 2 signed by the attending physician Health and Mental Hygiene prior to other 6 shows any been : has be Dept. c 23 certificate h Item 10 this c. marked, After 28 is DIRECTOR: / TO THE HOSPITAL DR ATT TO THE FUNERAL DIRECTED BE filed within 72 hours at IMPORTANT: If Item 2

BOX 68760

P.0.

DIVISION OF VITAL RECORDS,

BY

COMPLETED

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94 17076 Item# 17,18 Per F.H. Film# G-712 06/20/94 R.M. FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle Lest) 3. TIME OF DEATH 2. DATE OF DEATH -100 Elsie Rebecca Bull 6 7. DATE OF BIRTH (Month, Day, Year) 1/2/1900 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 5. SEX IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign DAYS 1 🗌 M 2 🖵 F 213-74-8213 94 Maryland 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Harford Gardens Nursing Center **Baltimore** RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10e. STATE 10d. INSIDE CITY MD Baltimore XX YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3816 Bayone Avenue 21206 U.S.A 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or NoIf yes, specify Cuben, Maxican, Puerto Ricen, atc.) 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES X 1 Never Merried 2 Married 1 YES 2 NO Specify: BY Specify: 3√ Widowed 4 □ Divorced White 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high COMPLET Elementary/Secondery (0-12) College (1-4 or 5+) 12 Years Housewife Home 17. FATHER'S NAME (First, Middle, Lest) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Johnson CHARLES BE ALICE SADLER 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 3816 Bayone Avenue Baltimore, Maryland 21206 Jesse L. Bull 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State Baltimore, Maryland 22 NAME AND ADDRESS OF FACILITY OF FU AL SERVIC LICENSEE The Dippel Funeral Home the death. Do not enter the mode of dying, such as cardiac or reapprayory arrest. Enter the dise Approximate ure. List ont shock, or heart to each line interval Between IMMEDIATE CAUSE (Final disease or condition Onset and Death DUE TO LOR AS A CONSEQUENCE OF): resulting in death) unn cs: lote ASCVO ATTINOSCIENOSTI YM NO Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate CERTIFICAT cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated eventa resulting in death) LAST PART it. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED? Cong frie HEART Failus 1 YES 2 NO 21 Hyps THYROW DEMENTIN 1 TYES 2 NO PHYSICIAN: DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO PO 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) OTHER:

Nursing Home 5 - Residence 1 TES 2-NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 6 Other (Specify)

27. MANNER OF DEATH 28e. DATE OF INJURY 28h TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED INJURY 1 Natural 5 Pending м 1 YES 2 NO 2 Accident Investigation 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be determined 4 Homicide

29e. CERTIFIER
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ation and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and ma

B. SIGNATURE AND TYLE OF CERTIFIER	29c. LICENSE NUMBER	29d. DATE SIGNED (Month, Day, Year)
NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)		

2500 Sr. DATMO

32. REGISTRAR'S SIGNATURE and wes in Dandleson K

BAlow

ws 21224

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the fleath. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be nettited at once.

	1 tem # 19a Film # 6 712 6-13 FOR STATE REGISTRAR	OF MARYLAND /				MENTAL HYGIEN						
	1. DECEDENT'S NAME (First, Middle, Last) MAR	E. BRYA				2. DATE OF DEATH DATE OF 6/6/94		YEAR	3. TIME OF DEATH			
ı	4. SOCIAL SECURITY NUMBER 5. SEX 1 ☐ M 23	6. AGE (In yrs. les	YRS. IF UNDE	DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH	7	8. BIRTH Countr				
TOR	9s. FACILITY NAME (If not institution, give street and numb 1334 N. STOCKTON S RESIDENCE OF DECEMENT				IMORE	АТН	9c. COUN	NTY OF D	EATH			
DIRECTOR	10a. STATE 10b. COUNTY MARYLAND		10c. CITY, TOWN					10d. INSIDE CITY LIMITS? 1 X YES 2 NO				
FUNERAL	100. STREET AND NUMBER 1334 N. STOCKTON S	STREET	1	101	, ZIP CODE		10g. CITI		WHAT COUNTRY?			
ВУ	Never Married 2 Married FORCES	CEDENT EVER IN U.S. AF ? 1 YES 2 XI GIVE WAR OR DATES		If yes, sp	ENDENT OF HISPAN ecify Cuban, Maxicar 2 NO Specify	IC ORIGIN? (Specify Yas n, Puarlo Rican, etc.)	or No-	14. RACI Black Speci	E — American Indian, k, White, etc.			
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-	(G life	CEDENT'S USUAL Cive kind of work done Do NOT use retired.	during mo	st of working	Baltin			n Paper			
BE COM	12th 2 Purchase Order Clerk Baltimore Sur 17. FATHER'S NAME (First, Middle, Last) ERNEST CURTIS 10. MOTHER'S NAME (First, Middle, Maiden Surname) EFFIE M. RICHARDSON											
TO B	190. INFORMANT'S NAME Lillie E. MILLIE E. CURTIS				nd Number or Rural R E AVENU	loute Number, City or Town						
}	20e. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Removal from St 4 Donation Other (Specify)		AND DATE OF DISPO)			CATION —	City or To	wn, Stata			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	West	t 1	ERO 1600	LIBERT	ETT & SO Y HIEGHT	SAV	ENU				
	23. PART 1. Enter the diseases, or complication shock, or heart failure. List only or IMMEDIATE CAUSE (Final disease or condition resulting in death)	that cause of the de la cause on each line CONTROL OF AS A CONSE	eath. Do not enta	The mo	de of dying, such	n as cardiac or respi	ratory arr	rest,	Approximate interval Between Onsat and Dasti			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): C.											
PHYSICIAN: MEDICAL C	PART II. Other significant conditions contribut					Part I. 24a. WAS AN PERFOR 1 YES 2	IMED?	24b	. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
ICIAN:	DID TOBACCO USE CONTRIE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITA	L:	OTHE	28. PI	ACE OF DEATH (Che	ack only one)						
	27. MANNER OF DEATH 26s. D. (M	nt 2 ☐ ER/Outpatient 3 NTE OF INJURY onth, Day, Year)	28b. TIME OF INJURY	28c. INJ WC	RK?	6 Other (Specify) 26d. DESCRIBE HOW II	NJURY OCC	CURED				
TED BY	2 Accident Investigation 28e PLACE OF IN HIRY At home farm street feature office											
3 Suicide 6 Could not be detarmined building, stc. (Specify) 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menor as stated.												
BE	296. SIGNATURE AND TITLE OF CERTIFIER	WITH W	>		29c. LICENSE NUM DZY	BER 43	29d. DATE	E SIGNED	(Month, Dey, Year)			
10	30. NAME AND ADDRESS OF PERSON WHO COMPLETE WARRED J - S	CAUSE OF DEATH (ITE	M 27) (Type, Print) =	318	WEIR	ROPENS	211	A	6			
		SISTRAR'S SIGNATURE	WE.	7								

ours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO THE HDSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with.

		1 - STATE OF MARYLAND REGISTRAR	/ DEPARTM	ENT OF HEALTH AND MATE OF DEATH	MENTAL HYGIENE REG. NO.									
		1. DECEDENT'S NAME (First, Middle, Last) FREDERICK	G. B	BAYLOR	2. DATE OF OEATH MONTH, DAY	9 LL 3. TIME OF DEATH								
P		4. SOCIAL SECURITY NUMBER 214 18 5729 5. SEX 1	YRS. MON	UNDER 1 YEAR IF UNDER 24 HRS. ITHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 4/4/1912	6 GIRTHPLACE (State or Foreign Country) Va.								
2, 3 should	стов	Meridian Nursing Home	9b.	CITY, TOWN OR LOCATION OF DE DUNGALK	ATH	Balto.								
. Pages 1,	DIREC	10a. STATE 10b. COUNTY Md. Balto.		own or Location ners Station		10d. INSIDE CITY LIMITS? 1% YES 2 \(\text{NO} \)								
ısit permit	FUNERAL	100. STREET AND NUMBER 749 N. Avondale Rd.		101. ZIP CODE 21222	1	ing. CITIZEN OF WHAT COUNTRY?								
the bunal-transit permit. Pages 1,	BY FUN	11. MARITAL STATUS 1 Never Merried 2 Married 3 Wildowed 4 Divorced 12. WAS OCCEDENT EVER IN U.S. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	ARMED	13. WAS DECENDENT OF HISPAN If yes, specify Cuban, Maxical 1 YES 2 NO Specify	n, Puarto Rican, atc.)									
for use as	MPLETED	(Specify only highest grade completed)	life. Do NOT use ret.	done during most of working	ess/industry									
5 should be detached notified at once.	BE CON	17. FATHER'S NAME (First, Middle, Last) Henry Baylor		16. MOTHER'S NAI	ME (First, Middle, Meiden Su Tunstal	mame) L 1								
page 5 should t be notified	10	198. INFORMANT'S NAME (Type/Print) Evelyn Lacy 199. MAILING ADORESS (Street and Number of Rural Route Number, City or Town, State, Zip Code) 7110 Marston Rd. Balto., Md. 21207												
director, pa		20b.METHOD OF DISPOSITION 20b.PLAC 20b.PLAC 20b.PLAC 20b.PLAC 20b.PLAC 20b.PLAC 20b.PLAC 20b.PLAC 20b.PLAC 20b.PLAC 20b.PLAC 20b.PLAC 20b.PLAC 20b.PLAC 20b.PLAC	crematory or other p		6/10 Balt	TION — City or Town, Stata								
the funeral dival.	- 15	James a. Morton		James A. Mo 1701 Lauren	orton & Sons St., Ba	alto., Md.21217								
the attending physician and completely filled in by the funeral director, Mental Hygiene prior to burial, cremation, or removal. nlury, or other traumatic event, the medical examiner must	CERTIFICATION	23. PANY I. Entar the diseases, or complications that caused that shock, or haart failure. List only one cause on each I IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated evants resulting in death) LAST	SEQUENCE OF): SEQUENCE OF): WWW.		in an cardiac or reapiral	Approximata interval Batween Onset and Death								
certificate has been signed by the attential of Health and Mental or Item 23 shows any Injury,	MEDICAL (PART II. Other algnificant conditions contributing to death but no			Part I. 24a. WAS AN AU PERFORME 1 YES 2	ED? AVAILABLE PRIOR TO COMPLETION OF CAUSE								
cate has bee State Dept. o Item 23 sl	SICIAN:	DID TOBACCO USE CONTRIBUTE TO CA 25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		28. PLACE OF DEATH (Che										
this with	BY PHYSI	1 YES 2 NO 1 Input and 2 ER/Outpatient 27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation		Nursing Home 5 - Residence	6 Other (Specify) 28d. OEŞCRIBE HOW INJI	URY OCCURED								
ECTOR: Attus s after dea 1 28 is rr	ETED B	3 Suicide 6 Could not be detarmined 28e. PLACE OF INJURY — At building, atc. (Specify)	homa, farm, atree	t, factory, office	28f. LOCATION (Street and City or Town, State)	Number or Rural Route Number,								
42 =	29a. CERTIFIER (Check only one) 29a. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data end place, and due to the cause(a) and manner as stated. 29a. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data end place, and due to the cause(a) and manner as stated. 29a. CERTIFIER (Check only one) 2													
TO THE FUNER be filed within IMPORTANT:	TO BE	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (I	TEM 271 (Sana Orion	DZ/69	PG 2	9d. OATE SIGNED (Month, Day, Year) ▶ 6/8/94								
1		31. DATE FILED (Month, Day, Year) S2. REGISTRAR'S SIGNATURE.	N 64	M.D. 1576	MERRITT	Blvd.								
V	Ц	JUN 1 0 1994 Juli Danison Rens		ecc.	·									

3. TIME OF DEATH 12:20 PM

10d. INSIDE CITY

Specify

1 TYES 2 NO

Approximata

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE

1 YES 2 NO

OF DEATH?

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Oneet and Deeth

1. DECEDENT'S NAME (First, Middle Last) 2. DATE OF DEATH Sav 6 4. SOCIAL SECURITY NUMBER 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 6. BIRTHPLACE (State or Foreign DAYS 1 M 2 D F HOURS YRS 218-62-3662 BALTO page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR LOYD MASON BILLDING-F S. KEY BALTIMORE CITY 10e STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION MD. BALTO. CITY FUNERAL 10a STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1619 NORTHGATE RD 21218 attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2X WOO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—
It yee, specify Cuben, Mexicen, Puerto Ricen, etc.)
1 YES 2 NO Specify: 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 1 X Never Merried 2 Merried BY 3 Widowed 4 Divorced BLACK COMPLETED 15. DECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY Page 6 may be retained by the hospital or Elementary/Secondery (0-12) College (1-4 or 5+) n/a n/a TRUCK DRIVER 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumame) OSCAR BERRY BE FRANCESJONES notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 FRANCES MITCHELL SARATOGA pe 20a. METHOD OF DISPOSITION

1 Burlet 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE must funeral director, Donetton 5 Other (Specify) WESTERN STAR CATONSVILLE 21. SIGNATURE OF FUNERAL SERVICE LICEN examiner 22. NAME AND ADDRESS OF FACILITY 1712 WEST NORTH AVE. urs after death. by the fu ynes IRVIN CARROLL F. HOME medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, filled in by shock, or heart failure. List only one cause on each line. 0 IMMEDIATE CAUSE (Finel npletely filler cremation, disease or condition the Chronic Costrointestina reculting in deeth) traumatic event, DIVISION OF VITAL RECORDS, P.O. BOX 68760, requires that the death certificate be executed with DUE TO (OR AS A CONSEQUENCE OF): and com COM epatic Fullure
DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, if eny, leeding to immediate 9 attending physician antal Hygiene prior to Immunodeticiency cause. Enter UNDERLYING other 1 CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): thet initieted evente reaulting in death) LAST 0 d by the attend PART ii. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? апу signed the 1 TES 2 NO Shows mening , tis has been Dept. of I PHYSICIAN: HOSPITAL OR ATTENDING PHYSICIAN: The law 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) this certificate hi HOSPITAL: OTHER: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA Nursing Home 5 - Residence 8 - Other (Specify) 0 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Natural 1 YES 2 NO BY After 2 Accident 28e. PLACE OF INJURY — At home, term, street, fectory, office building, etc. (Specify) 3 Sulcide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) S DIRECTOR: A hours after d COMPLETED 6 Could not be 4 Homicide 28 determined item 1 CERTIFYING PHYSICIAN: To the beet of my knowledge, death occurred at the time, date end place, end due to the ceuse(e) end menner ee stated. TO THE HOSPITAL (
TO THE FUNERAL D
BE filed within 72 h
IMPORTANT; If it

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

2 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occured at the time, date end place, and due to the cause(e) and menner se stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) D44575 618/94

DHMH-16 Rev 1/89



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THE STREET AND TITLE OF CERTIFIER

James

JUN 1 0 1994

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AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Do Mais

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32. RECISTRAR'S SIGNATURE

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		1 - STATE REGISTRAR		STATE OF I	Fi MARYL	AND /	DEPAR	RTMEN	6/1 T OF H E OF	IEALT	H AND I	. M . WENT	AL HYGIEN REG. NO.	E		
		1. DECEDENT'S NAME (First Bryan	t, Middle, Last) SCO1		7	2		~	Dn	d	SKU	2. DAT	E OF DEATH	9 (34	1. TIME OF DEASH
		4. SOCIAL SECURITY NUMBER		5. SEX	rod.	SKV (In yrs. les	t birthday)	# UNDE	R 1 TEAR	FUNC	XER 24 HRS.	7 DAT	E OF BIRTH		7	PLACE (State or Foreign
		220-72-8256		1 🔀 M 2 🗆 F		17	YRS.	MONTHS	DAYS	HOURS	-	(Moi	nth, Day, Year)	1076	Country	yland
	,	9a. FACILITY NAME (If not in	nstitution, give s	treet and number)			112	96. CIT	Y, TOWN (OR LOCA	TION OF DE		. 20,		INTY OF DE	-
	OR	903 Old Ne	ew Wind	dsor Pike	9				We	stmi	inste	r			Carro	11
	EG	RESIDENCE OF DEC	10b. COUNT	1			10c CIT	V TOWN	OR LOCAT	ION						
	DIRECTOR	Maryland		Carrol1		Westminster										10d. INSIDE CITY LIMITS?
	AL	10a. STREET AND NUMBER		0011011		Westminster 101. ZIP CODE							-	10g. CIT	IZEN OF W	1 YES 2 NO
	FUNERAL	406 Baldwi	in Parl	Drive	Т3					2	21157			Α.		
	F.	11. MARITAL STATUS		12. WAS DECEDEN FORCES? 1	T EVER	N U.S. ARI	MED	13.	WAS DEC	ENDENT	OF HISPAN	IC ORIG	IN? (Specify Yea	or No-	14, RACE	- American Indian, White, atc.
	ВУ	1 Never Married 2 3 Widowed 4 Divo	WAR OR D								rican, etc.)		Specif	y:		
	ED	15. DEC		16a. DECEDENT'S USUAL OCCUPATION							Sb. KIND OF BUS	IMEGO/IM	DISTRY	White		
		(Specify only Elementary/Secondary (0	y highest grade 0-12)	completed) College (1-4 or 5	+)	(Gir life.	ve kind of a Do NOT us	work done so retired.)	during mo	st of wor	rking	"	M. KIND OF BOS	ME39/INI	JUSTRY	
4	COMPL	12 th					St	ude	nt			W	estmins	ster	High	School
t once.	00	17. FATHER'S NAME (First, M								18. MC	THER'S NAI		Middle, Maiden			
e pe	BE	Richard		Brodsky			Constant						L. Hov			
notif	욘	19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 21157														
t be		206. METHOD OF DISPOSITION 20														
BUS		Sykesville, MD Surfer 2 Cremetton 3 Removed from State Cemetery, crematory or other place) Lake View Memorial Park 6/13 Sykesville, MD														
examiner must be notified at		21. SIGNATURE OF FUNEBA	L SERVICE LIC	ENSEE				22.	NAME AN	ID ADDE	RESS OF FAC	YTLIK				
exam		1 ste	oher	MX	en	Ki	i									P.A.21784 ville, MD
ic event, the medical	z	IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):												Approximate interval Between Onset and Death		
y, or other traumatic	CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF): d														
23 shows any injury,	: MEDICAL	PART II. Other significa	ent condition	e contributing to	daeth b	out not re	sulting	In the ur	nderlying) ceuse	given in i	Part I.	24a. WAS AN PERFORI			WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
еш 2	PHYSICIAN	25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL	HOSPITAL:				OTHE		ACE OF	DEATH (Che	ck only o	one)			
or item	IXSI	27. MANNER OF DEATH		1 Inpetient 2		etlent 3	-		sing Hom		Residence	6 🗆 Oth	er (Specify)			
marked,		1 Natural 5	Pending	28a. DATE OF	275	2/	10b. TIM	7.	Tac Mai	RK7 B	XNO.	28d B	SCRIBE HOW IN	URY OC	CYRED	
is ma	ВУ	2 Sulate	Investigation Could not be	28e. PLACE O	FINJUNY	At hon	re, farm, s	est, tact	tory, office		200	261, LO	CATION (Street at	O Number	or Burel Br	note Matthew / / /
28	ETED		determined	building,	The	m	ره	,				90°	3 ON	1)00	141	whentel
Item	ᆲ	29s. CERTIFIED 1 CERT	TEYING PHYSIC	CIAN: To the best of	myknowi	ledge, des	th occurre	d at the t	time, data	and plac	ce, and due	to the co	tuse(a) and mans	nor as stat	ed.	week - C
IMPORTANT: H	COM	god 3 Distor	CAL EXAMINE													and manner as stated,
DRTA	BEC	96. SIGNATURE AND TITLE	OF CENTIFIED	11		1	λ			20/10	CENSE MUM	egn .		29d. DAT	E SIGNED	Month, Day, Hugo,
MP	10	Sull T														
		30. NAME AND ADDRESS OF	PERSON WHO	/		АТН (ІТЕМ										
		31. DATE FILED (Month)	NION	32. MEGISTUA	P'S, SIGN	ATURE LUCLES	Rano	Call,								

0.000

insit permit. Pages 1, 2, 3 should BALTIMORE, MARYLAND 21215-0020 nours after death. Page 6 may be retained by the hospital or attending physician. VISION OF VITAL RECORDS, P.O. BOX 68760

After this certificant has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transment with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
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detacl	Once
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5 shou	otiffe
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of phy	other
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y the a	injury
th an	amy
en sign	Hm 23 shows any inju
as be	23 8
Cathe Sales	Item
He S	-
After the certificate has been signed by the attending physician and completely filled in by the furealth with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
2 2	E

9a. FACILITY NAME (If not inc	Leo	Brewe	r					MONT	OF DEATH	SAY 5	YEAR	3. TIME OF DEATH		
220-78-06 9a. FACILITY NAME (# not interest in the second	ER													
9a. FACILITY NAME (If not interest of the Sinai H		5. SEX	6. AGE (In yrs. le	st birthday)	IF UNDER	1 YEAR	IF UNDER 24 HRS.		OF BIFITH		8. BIRTI	IPLACE (State or Fore)		
Sinai H	220-78-0677 1 XM 2 □ F 33 YRS. MONTHS					DAYS	HOURS MIN.		n, Day, Year) . 26 . 1	0.61	Count	**		
II.	stitution, give at	reet end number)		-	9b. CITY	, TOWN C	INTY OF D	ryland						
IL VILLIEUE OF DEC	Ospit	al			Baltimore							TT OF DEATH		
10e. STATE	10b. COUNTY			10c. CIT	Y, TOWN	OR LOCAT	ION			10d. INSIDE CITY				
Md.		Balti	more			1	4iddle	or.			1 TES 2. N			
10a. STREET AND NUMBER							ZIP CODE		-	IZEN OF	WHAT COUNTRY?			
38 Hend	erson	Road					21220)		1	USA			
11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AI	RMED			ENDENT OF NISPA			es or No—		E — Americen Indian, k, White, atc.			
1 Never Married 2			MAR OR DATES	NO			25 NO Spec		Hican, atc.)		Spec	elfy:		
3 Widowed 4 Divorced IF YES, GIVE WAR OR DATES 1 VES 2 NO Specify: Specify:												White		
	highest grade		10	ECEDENT'S Give kind of	work done	CCUPATIO	ON st of working	168	. KIND OF BI	JSINESS/IN	DUSTRY			
(Specify only highest grade completed) (Give kind of work done during most of working life. Do NOT use retired.) (Give kind of work done during most of working life. Do NOT use retired.)														
17. FATNER'S NAME (First, Mi	ddle, Last)						18. MOTNER'S N	AME (First,	Middle, Maide	n Surneme)				
		ewer S							0 7					
19e. INFORMANT'S NAME (7)	rpe/Print)		15	D. MAILING	ADDRESS	S (Street a	nd Number or Rura	Route Num	ber, City or To	wn, State, Zi	p Code)			
Patricia	Hime	S		38	Her	der	son Ro	ad I	271+i	more	Ma			
20e. METNOD OF DISPOSITI		eval from State	20b. PLACE	AND DATE	OF DISPOS	SITION (Na	me of	DAT	E 20c. L	OCATION -	City or To	own, State		
Patricia Himes 20e. METNOD OF DISPOSITION 1 Str Burlei 2 Cremetton 3 Ramoval from State 4 Donetton 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place) HOLLY HILL Cemetery 6/9/94 Baltimore Md														
21. SIGNATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY														
Connelly Funeral Home of Essex 300 Mgs. Ave Baltimore Md 2122 23. PART I. Enter the diseases, complications that coused the death. Do not enter the mode of dying, such as cerdisc or respiratory errest, Approxi														
23. PART i. Enter the di	Leases, or o	emplications the	t coused the d	eath Do	not enter	300	Mace A	Y C	Ralt	imor	o M	Approximete		
shock, or heer failure list only one cause on each links.												interval Bet		
IMMEDIATE CAUSE (Final disease or condition												Onset and E		
resulting in desth)	→ ,	. Pulm	onary	Lute	د ا	N	/ AKD	>				1-2 W		
		DOE 10	(OH AS A CONSE	. I I	F):									
Sequentisity list conditi	ons,		+ hem									5 days		
Sequentisily list conditions, if any, isading to immediate DUE TO (OR AS A CONSEQUENCE OF):														
CAUSE (Disease or injury C.														
	CAUSE (Disease or injury thet initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST													
		1.										1		
PART ii. Other significe	nt condition	contributing to	death but not	resulting	in the ur	nderlyln	ceuse given in	Part i.			248	. WERE AUTOPSY FIND		
									1 YES	RMED?		COMPLETION OF CAL		
									1 1 123	ZINO		OF DEATH?		
												1 123 2 NO		
25. WAS CASE REFERRED TO	MEDICAL					26 PI	ACE OF DEATH (C	back oak o	nel					
EXAMINER?		HOSPITAL:	T 5010 . 1 . 1 . 1		OTHE	R:								
27. MANNER OF DEATH		28e. DATE O	ER/Outpatient	28b. TIN		28c. INJ	e 5 Residence			IN HIEW OF	- CUIDED			
-	Pending	(Month, I		IN.	JURY	WO	RK?	28d. DE	SCRIBE NOW					
2 Accident	nvestigation	00 PI 105	AND IN ALL STREET				rES 2 NO							
	Could not be	28e. PLACE C	OF INJURY — At h , etc. (Specify)	ome, farm,	street, fac	lory, offic			or Town, State		r or Rural i	Route Number,		
29e. CERTIFIER (Check only	FYING PHYSIC	CIAN: To the best o	l my knowledge, d	leath occur	ed at the 1	lme, date	end place, and du	e to the ce	use(e) and m	enner ee ats	ited.			
												e) end menner as stat		
0001	OF CERTIFIER		-				29c LICENSE NI	IMAFR		7 294 DA	TE SIGNED	Month Day Vasci		
one) 2 MEDI	296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER											Tall		
one) 2 MEDI	· U	Carteria . Dis												
29b. SIGNATURE AND TITLE	PERSON WHO		1		Delett			_			63	147		
one) 2 MEDI			1	ЕМ 27) (Туре	o, Print)	L 1	R. 1+.	more	hr	1	6 3	147		

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within and learn. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	SIAIE UF N		/ DEPAR					MENTA	REG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Last)	E.,	Beer B	garet	Т. В	eebe			2. DATE	OF DEATH		YEAR	TIME OF OEATH	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.		IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE (Monti	OF BIRTH		BIRTHPLA Country)	ICE (State or Foreign	
	137–24–2005	1 🗆 M 2 🔀 F	63	YRS.					09-	08-30		ASHIN	IGTON D.C.	
œ	9e. FACILITY NAME (If not institution, give HOWARD COUNTY GET		DTMAT		9b. CITY,		R LOCATION		ATH			IY OF OEAT IOWARI		
6	RESIDENCE OF DECEDENT	VERALI NOS	LIIAL			COL	OLIDI	A			1	IOWARI	,	
DIRECTOR	10e. STATE 10b. COUNT			10c, CIT	Y, TOWN C			T.				10-	d. INSIDE CITY LIMITS?	
	MARYLAND 100. STREET AND NUMBER	HOWARD					LUMB				_	YES 2 NO		
FUNERAL	5718 CEDAR LANE					101.	ZIP CODE	210)44		10g. CITIZEN OF WHAT COUNTRY?			
B	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEOEN FORCES? 1 IF YES, GIVE W	YES 2 X		- 10	f yes, spe		, Maxican, Puerlo Rican, etc.) Black					American Indian, hite, etc. WHITE	
	15. DECEOENT'S EDU (Specify only highest grade		1000	DECEDENT'S (Give kind of	work done			a	16b	. KINO OF BUS	INESS/INDU	STRY	***************************************	
<u> </u>	Elementary/Secondary (0-12)	•) "	llle. Do NOT u	se retired.)										
COMPLETE	17. FATHER'S NAME (First, Middle, Last)	4		HOM	<u>IEMAK</u>	ER	18 MOTE	ED'S NA	ME (First)	OWN H				
шΙ	HENRY ALBERT TAI	BERT								WHEEL	,			
10 B	19e. INFORMANT'S NAME (Type/Print)									ber, City or Town		Code)		
-	BRIAN BEEBE (SC	<u> </u>				_		OLUM	_	MARYI		2104		
	20a. METHOD OF DISPOSITION	noval from State		Crematory or o				11	OATE 20c. LOCATION — City or Town, State —94 MAHWAH, NEW JERSEY					
	21. SIGNATURE OF FUNERAL SERVICE TO	GENSEE	PIAKI	22. NAME AND ADDRESS OF FACILITY										
	Умания	2	20							C WITZ			L HOMES	
CERTIFICATION	23. PART I. Emer the diseases, or ahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. L: VC	OR AS A CONS	BEOUENCE O	ក: វ ក:		da of dyl	ng, auc	h as card	flac or reapl	ratory arre	at,	Approximate interval Between Onset and Dasth	
	PART II. Other significant condition	na contributing to	death but no	t rasulting	In the un	deriving	L CAUSE (ivan in	Part I	24s. WAS AN	AUTOPSY	245 W	RE AUTOPSY FINDINGS	
CAL						,				PERFOR	MED?	AM	AILABLE PRIOR TO IMPLETION OF CAUSE	
PHYSICIAN: MEDI												1	DEATH?	
ä	DID TOBACCO USE	CONTRIBUTI	TO CA	USE OI	EA	TH Y	ES _	NC						
Ci	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	50 7		OTHER		ACE OF D	EATH (Ch	eck only or	10)				
HYS	1 YES 2 NO 27. MANNER OF DEATH	28e. OATE OF	INJURY	28b. TIN	IE OF	sing Hom 28c. INJ		sidence	8 Othe	r (Specify) SCRIBE HOW II	NJURY OCC	JRED		
ВУР	Natural 5 Pending Accident Investigation	(Month, E	lay, Year)	IN	JURY M	WO	RK? 'ES 2	NO	172.000					
	3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE C building,	of INJURY — At etc. (Specify)	home, ferm,	street, fact	lory, offic				ATION (Street a or Town, State)	and Number o	or Rural Rout	e Number,	
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYS 2 MEDICAL EXAMIN											nd manner ee stated.		
TO BE C	296. SIGNATURE AND TIME OF CERTIFIE	M.D.	D. 29c. LICENSE NUMBER 29d. DAT						b /	SIGNEO (M	onth, Day. Year)			
-		an HCGI	1,575	5 Ced		-n.	Colu	mbia	, Md	2104	4			
	31. DATE FILED (MONTH) Day, Your) 10. 1994 10. 1994 10. AREDISTRAR'S SIGNATURE													

\$35.

5 - .

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Thours after death. Page 6 may be retained by the hospital or attending physician.

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,				,	
	STATE OF	MARYLAND /	DEPARTMENT (TE HEALTH	AND MENTA

	1 - STATE REGISTRAR	STATE OF MARYLAND /	DEPARTMENT O		MENTAL HYGIENE						
	1. DECEDENT'S NAME (First, Middle, Lest) EDGAR TON		CAMERON		2. DATE OF DEATH	94 YEAR	3. TIME OF DEATH 7:16 A M				
	218-36-36-6787		YRS. WONTHS DA		7. DATE OF BIRTH (Month, Day, Year) Jan. 22, 1	935 N .	HPLACE (State or Foreign TY) CAROLINA				
TOR	9a. FACILITY NAME (IT not institution, give street THE JOHNS HOPKINS RESIDENCE OF DECEDENT			WN OR LOCATION OF DE IMORE CITY	АТН	9c. COUNTY OF O	EATH				
DIRECTOR	100- MARYLAND 106. COUNTY	n/a	10c, CITY, TOWN OR L	I MORE			10d. INSIDE CITY VLIMITS? 1 YES 2 NO				
FUNERAL	1524 N. WOLFE	STREET		21213		109. CITIZEN OF J					
BY	3 Wildowed 4 Divorced IF YES, GIVE WAR OR OATES 1 YES 2 X XO Specify: Specify:										
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade composite of the composition of the	pleted) (Gi	CEDENT'S USUAL OCCU five kind of work done durin Do NOT use retired.) LABORER	PATION g most of working	166. KIND OF BUSI						
BE COM	17. FATHER'S NAME (First, Middle, Lest) BUD CAMERON			18. MOTHER'S NAI	ME (First, Middle, Malden S THA CAN	MERON					
TO	190. INFORMANT'S NAME (Type/Print) IDA ROBERSON		1524N. E.	WOLFE	ST, BALT	I MORE,	MD21213				
	20e, METHOD OF DISPOSITION 1 N Buriel 2 Cremation 3 Removal 4 Donation 5 Other (Specify)	WEST	MAD DATE OF DISPOSITION OF STATE CI	METERY	CATO	NSVILLE					
	21. SIGNATURE OF FUNERAL SERVICE LICENS JUSA A C	hapner	W M	e and address of fac . C . MARC	H FH11(01 E.	NORTH AVE				
	IMMEDIATE CAUSE (Final	plications that caused the de only one ceuse on each line		mode of dyling, such	h as cardiac or reapire	atory arrest,	Approximata Interval Between Onset and Daath				
CERTIFICATION	Sequentially list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	oue to (or as a consequence of): c. Oue to (or as a consequence of):									
AL CER	PART II. Other significent conditions co	ontributing to death but not n	esuiting in the under	lying ceuse given in	Part I. 24s. WAS AN A	UTOPSY 24b	. WERE AUTOPSY FINDINGS				
MEDICA	<u>End Stage</u>	kinal dise	060.		PERFORM		AVAILABLE PRIOR TO COMPLETION OF CAUSE DF GEATH?				
4.	DID TOBACCO USE CO	NTRIBUTE TO CAUS		YES NO							
PHYSICIAN	1 TYES 2 NO 1)	OSPITAL: Inpatient 2 ER/Outpatient 3	OTHER:	Home 5 Residence							
ВУ РН	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	INJURY M 1	INJURY AT WORK?	28d. OEŞCRIBE HOW IN	JURY OCCUREO					
a	3 Suicide 8 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY — At hos building, etc. (Specify)	me, ferm, atreet, factory,	offica	281. LOCATION (Street an City or Town, State)	d Number or Rural I	Route Number,				
COMPLET		: To the beat of my knowledge, de n the beele of examination and/or i					e) end manner as stated.				
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER CLUSTER V	n. Soyel		29c. LICENSE NUN してイス		≥ 6/8/C	(Month, Day, Year)				
-	30. NAME AND ADDRESS OF PERSON WHO CO	ie Szych i	Johns Ho	okins Hoe	opital Br	altimor	L MD 21208				
	JUN 1 0 1994	32 REGISTRAR'S SIGNATURE	dall		X						

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache		IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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require	en sig	of Hea	shows
AR.	as be	ept.	23
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	JWR								4	1/084
	FOR	CTATE OF	MADVI AND /	DEDA				_		
	1 - STATE REGISTRAR	STATE UF I			ICATE OF		MENTAL HYGIEN REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)				TOATE OF	DEATH	2. DATE OF DEATH			3. TIME OF DEATH
	DAVIDA	L. CC	URSEY				JUNE 5, °	1994	1 YEAR	4;30 P
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest	birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH			PLACE (State or Foreign
	217-66-4167	1 M 2 F	39	YRS.	MONTHS DAYS	HOURS MIN.	(Morth, Day, Year) 01/07/5	5	Country	h Carolina
	9a. FACILITY NAME (If not institution, give s		37		9b. CITY. TOWH (OR LOCATION OF D		_	INTY OF DE	
E .	KJEY POINT, IN		E Br	att		ALTIMOF		34		Ain
DIRECTOR	RESIDENCE OF DECEDENT	C. 0150	CIII							
R	10a. STATE 10b. COUNTY	Υ		10c. CI	TY, TOWN OR LOCA	TION				10d. INSIDE CITY LIMITS?
	Maryland					Baltin	nore			1 X YES 2 NO
\¥	10e. STREET AND NUMBER				10	. ZIP CODE		10g. CI	TIZEN OF W	HAT COUNTRY?
i ii	6138 E. Pratt					2122	2.4		USA	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. ABI	MED			NIC ORIGIN? (Specify Yas an, Puarto Rican, etc.)	or No-	14. RACE Black	- American Indian, White, atc.
BY	1 Widowed 4 Divorced	IF YES, GIVE	MAR OR DATES			2 NO Specif			Specify	/:
	15. DECEDENT'S EDU	1	1 200 200			A			<u> </u>	White
1	(Specify only highest grade	completed)	(Gi	ve kind of	WORL OCCUPATE Work done during mo use retired.)	ON ast of working	16b. KIND OF BUS	SINESS/IN	DUSTRY	
=	Elementary/Secondary (0-12)	College (1-4 or 5	+)				Ad., 1+	Fd		
COMPLETED	12th 17. FATHER'S NAME (First, Middle, Last)		S	tude	ent		Adult		catio	on
	Edward B.	Dortor				16. MOTHER'S NA	ME (First, Middle, Maiden Florence		Mana	
BE	19a. INFORMANT'S NAME (Type/Print)	rorter		MAILIN	Anneess (Street)	and Number or Rumi	Route Number, City or Tow	_		115
2	David J. Cours	OW							,	VA 23464
1 1	20a. METHOD OF DISPOSITION				OF DISPOSITION (No		DATE 20c. LO			
1 1	1 Donation 5 Other (Specify)	ovel from State	cemetery crer	netony or o	ther place!		06/07 Ba			
	21. SIGNATURE OF FUNERAL SERVICE LIN	ENSEP)	hetio	OLE	22. NAME A	ND ADDRESS OF FA	CILITY Da	TLTI	nore.	, FID
	NULL A.	MUNI	mala				ciety of			
	Dawn F. McD	onald			299 F	rederic	k Rd., B	alto	o. MI	21228
	23. PART I. Enter the diseases, or shock, or heart failure.	List only one car	it coused the de: Use On eech line.	ath. Do	not enter the mo	de of dying, suc	h as cardiac or reepi	ratory e	rrest,	Approximate interval Between
	IMMEDIATE CAUSE (Final disease or condition		PI		10	3 1 1				Onset and Daeth
	resulting in deeth)	a	IUIN	عمو	my 6	MADE	(
		DUE TO	(OR AS A CONSEC	UENCE C	Por to	- 6-	*			
ERTIFICATION	Sequentially list conditions,	b	(OR AS A CONSEO	VIENOT O	rech 10	401-105	کلا			
ATI	If any, leeding to immediate ceuse. Enter UNDERLYING	502 10	(OH AS A CONSEC	VENCE C	rr);					
유	CAUSE (Disease or injury that initiated events	c. DUE TO	(OR AS A CONSEO	UENCE O	FI:					
E	resulting in death) LAST				,					1
l B		d								+
AL AL	PART II. Other significent condition	s contributing to	death but not re	sulting	in the underlyin	g cause givan in	Part I. 24s. WAS AN PERFOR			WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
음	82745 06	MSKere	clond				6/	□ NO		COMPLETION OF CAUSE OF DEATH?
M.		0							1	YES 2 NO
ä	DID TOBACCO USE (CONTRIBUTE	TO CAUS	E OF	DEATH Y	ES NC				
ĕ	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				ACE OF DEATH (C)	eck only one)			
YSI	1 XYES 2 NO		ER/Outpatient 3	□ DOA	OTHER: 4 Nursing Hom	e 5 XRasidence	8 Other (Specify)			
PHYSICIAN: MEDICAL	27. MANNER OF DEATH	28a. DATE OF (Month, E	NJURY Day, Year)	28b. TIR IN		URY AT	28d. DESCRIBE HOW I	NJURY O	CURED	
В	1 Natural 5 Pending Investigation				M 1 🗆	YES 2 NO				
	3 Suicida 8 Could not be	28a. PLACE C building.	OF INJURY — At hor atc. (Specify)	ne, term,	atreet, factory, offic	•	281. LOCATION (Street a City or Town, State)	and Numbe	or or Rural Ro	oute Number,
ETE	4 Homicide detarmined									
	29a. CERTIFIER (Check only 1 CERTIFYING PHYSI	ICIAN: To the best of	my knowledge, dea	th occur	red at the time, data	and place, and due	to the cause(a) and mar	ner sa at	ited.	
COMPL	2 X MEDICAL EXAMINE									end manner as stated.
Ü	296 SIGNATURE AND TITLE OF CERTIFIE	- 1	1	7		29c. LICENSE NU				(Month, Day, Year)
00	(acon	-100K	D M	1)		OCM	11100			5, 1994
2	10. WAME AND ADDRESS OF PERSON WH	O COMPLETED CAU								
	J. Laron Locke	M.D.	111	Peni	n Stree	t, Balt	imore, M	ary.	land	21201

A. REGISTOAR'S SIGNATURE

0 1994

DHMH-18 Rev 1/89

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Income after death. Page 6 may be retained by the hospital or attending physician.

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1 - STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

_	nedia Inan			LY I II I	CAIL	OF DEATH	REG. I	VO.			
į	1. DECEDENT'S NAME (First, Middle, Last) Mildred			C		14	2. DATE OF DEATH	DAY 8	YEAR	3. TIME OF DEATH 8:00 M	
	4. SOCIAL SECURITY NUMBER	5. SEX 8	AGE (In yrs. last		IF UNDER t YE	AR IF UNDER 24 HRS. YS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year			LACE (State or Foreign	
	9a. FACILITY NAME (If not institution, give s	treet and number)	59		9b. CITY, TOV	VN OR LOCATION OF	3/12/1		ITY OF DEA	Virginia	
OR	Church Hospital				Balti	imore					
5	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY			40- CITY	TOWN OR LO						
DIRECTOR	md				timore					IOd. INSIDE CITY LIMITS? I YES 2 NO	
FUNERAL	10e. STREET AND NUMBER					101. ZIP CODE		10g. CITI	ZEN OF WH	IAT COUNTRY?	
ij.	713 S. Montfor	d Avenue			ألسب	21224		_	s.a		
5	11. MARITAL STATUS	FORCES? 1	YES 2	IED)			ANIC ORIGIN? (Specify can, Puerto Rican, etc.)		14. RACE - Black,	- American Indian, White, etc.	
A	3 Widowed 4 Divorced	IF YES, GIVE WAS	OR DATES X		1 🗆	YES 2XXNO Spec	olfy:		Specify.	White	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	(Giv	e kind of wo	SUAL OCCUP	PATION g most of working	16b. KIND OF	BUSINESS/IND	USTRY		
PLE	Elementary/Secondary (0-12) 12 Years	College (1-4 or 5+)		Do NOT use			D.				
OM	17. FATHER'S NAME (First, Middle, Last)		1 5	ecre	cary	18 MOTHER'S I	IAME (First, Middle, Maid	tired			
	Dillard M. Mays						sie M. Ree				
H	19a. INFORMANT'S NAME (Type/Print)		19b.	MAILING A	ADDRESS (Str		A Route Number, City or		Code)		
2	Joyce Paxton						ie Butherv			1003	
1	20s. METHOD OF DISPOSITION		20b. PLACE AI	NDDATEO	DISPOSITION	N (Name of	DATE 20c.	LOCATION —			
	1 Burlai 2 Cremation 3 Reme 4 Donatton 5 Other (Specify)	oval from Stata	Sugar	Grove	er place) e Ceme	etery	6/12/94	Bristo	1. Vi	iroinia	
	21. SIGNATURE OF FUNERAL SERVICE LIC					E AND ADDRESS OF	FACILITY			Shiring and	
	· martin f	Deppe	eft		The Dippel Funeral Home Belair Do not enter the mode of dying, such as cardiactor respiratory arrest, 200 Approximete						
	ehock, or heert fellure.	DUE TO (O	on each line.	A 11	T			špifatorý arr	est, 200	Approximete interval Between Onset and Death	
CERTIFICATION	Sequentisily list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (O	PR AS A CONSECU	JENCE OF)	:		,				
	PART II. Other significent condition	e contributing to de	eath but not re	eulting in	the under	lying cause given i		AN AUTOPSY		VERE AUTOPSY FINDINGS	
EDICAL							1090	ORMED?		NAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
MEC						11 62		71		YES 2 NO	
	DID TOBACCO USE	CONTRIBUTE	TO CAU	SE OF	DEATH	YES N	10 🗆				
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				B. PLACE OF DEATH (Check only one)				
YSI	1 TYES 2 TINO		ER/Outpatient 3 (OTHER: Nursing	Home 5 🗆 Reelderic	8 Other (Specify)				
Y PHYSICIAN:	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF IN (Month, Day,		28b. TIME INJU	RY	INJURY AT WORK?	28d. DEŞCRIBE HO	W INJURY OCC	CURED		
COMPLETED BY	2 Accident 3 Sulcide 8 Could not be detarmined	28e. PLACE OF building, et	INJURY — At home. (Specify)	ne, farm, st	reet, factory,	office	281. LOCATION (Stree City or Town, St	eet and Number ate)	or Rural Ro	ute Number,	
ا ۳	29a. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of m	y knowledge, dea	th occurred	Let the time	data and place, and di	ue to the cause(s) and	menner en elet	ad		
N N							he time, date and place			and manner as stated.	
8	296. SIGNATURE AND TITLE OF CENTIFIES	- (1)	-			290 LICENSE N			E SIGNED (
2	30. NAME AND ADDRESS OF PERSON WHE	PAGL	OF DEATH (ITEM	27) (Type, (Print) / C	TO N.B	n OA Mu	145 L	of 1	Bretty 23	
31. DATE SHERMON, AMBOST RADE SIGNATURE										lugar	

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

Pages 1, 2, 3 should page 5 should be detached for use as the burial-transit permit. retained by the hospital or attending physician. to notified ours after death. Page 6 may be 9 must funeral director. examiner in by the removal. medical filled in by ö cremation, the completely event, executed with and com traumatic 9 anding physician a Hygiene prior to OR ATTENDING PHYSICIAN: The law requires that the death certificate be other attending p 5 the attend injury, and Joh any signed b shows : been of of certificate has be 23 Item 5 this c marked, After 60 DIRECTOR: A hours after of tem 28 is FUNERAL within 72 h HOSPITAL = TO THE HOSPITA
TO THE FUNERA
DE filed within 72
IMPORTANT: II

DIRECTOR

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CERTIFICATION

MEDICAL

PHYSICIAN:

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COMPLETED

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9

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 7.54 91 Gertrude Craig 1994 6 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in vrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign DAYS HOURS 220-24-3578 74 1 - M 2 X 1 Md Hon 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH Balto 3710 Springdale Avenue RESIDENCE OF DECEDENT 10b. COUNTY 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Md Balto 1 N YES 2 NO 104. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? USA 21216 <u>3710 Springdale Avenue</u> 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yea, specify Cuban, Maxican, Puerto Rican, etc.) 14. RACE — American Indian, Black. White, etc. 1 Never Married 2 X Married IF YES, GIVE WAR OR DATES 1 YES 2 X NO Specify: 3 Widowed 4 Divorced Black 15. DECEDENT'S EDUCATION 18a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) (Give kind of work done life. Do NOT use retired.) Elamentary/Secondary (0-12) College (1-4 or 5 +) 12th Private Duty Nursing 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Rosa Oliver John J. Crawley 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 21208 8303 Lacewood Lane Barbara Craig 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION -- City or Town, Stata 1 X Burial 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) King Memorial Park 61094 Randallstown, Md 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY March F/H West ala Wahash Avenue Balto, Md 21215 4300 23. PART i. Enter the diseases, or complicatione that caused the deeth. Do not enter the mode of dying, such as cerdiec or reepiratory arreat, Approximate ahock, or haart fallure. List only one cause on each line. interval Between **IMMEDIATE CAUSE (Final** Onset and Death disease or condition_ Ventricular tachy canolic ACUTE resulting in death) DUE TO (OR AS A CONSEQUENCE OF) tailure ear Sequantielly list conditione, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events reculting in death) LAST PART II. Other eignificant conditions contributing to deeth but not resulting in the underlying cause given in Pert i. 24a. WAS AN AUTOPSY PERFORMED? WERE AUTOPSY FINDINGS Insulm AVAILABLE PRIOR TO Dependent Dicipetes COMPLETION OF CAUSE 1 | YES 2 | NO OF DEATH? 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES | NO | 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one) HOSPITAL OTHER: 1 YES 2 NO Inpatient 2 ER/Outpatient 3 DOA 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED INJURY 1 Natural м

2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be 4 Homicide 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On

d/or investigation, in my opinion, death occured at the time, data and placa, and dua to the cause(s) and manner as stated

29d. DATE SIGNED (Month, Day, Year) 6 94

1 YES 2 NO

PLETED CAUSE OF DEATH (ITEM 27) (Type

Robers CECILLA 31. DATE FALFD (Month, Day, Year) 32. REGISTRAR'S SIGNATURE

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DHMH-16 Bay 1/89



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BALTIMORE, MARYLAND 21215-0020 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely fille be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, IMPORTANT: If Hem 28 is marked, or Item 23 shows any Injury, or other traumatic event, the

	1. DECEDENT'S NAME (First, Middle, Las	James	chris	cal DAR	Cal AZZO	dara	azzo	2. DA	NE 6,	T 994	YEAR	3. TIME OF DEATH 8:15 a.
	4. SOCIAL SECURITY NUMBER 214-76-5093	5. SEX	8. AGE (In yrs. 29	. last birthday) YRS.	IF UNDER	1 YEAR DAYS	HOURS A	7. DA	TE OF BIRTH fonth, Day, Year) -09-19	964 PI	Country	SYLVANI
СТОВ	96. FACILITY NAME (If not institution, give THE JOHNS HO				MORE			sc. COUNT	A A	ATN		
DIRE		MARYLAND ANNE ARUNDEL					BURNI	E				10d. INSIDE CITY LIMITS?
ERAL	1900 PAGHAM R		101.	2106	51		1000	S . A	HAT COUNTRY?			
TO BE COMPLETED BY FUNE	11. MARITAL STATUS 1 Never Married 2 Married 3 Divorced	FORCES?	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES			yes, spe	ENDENT OF N city Cuban, I 2 X NO	Aexican, Pue	IGIN? (Specify York of Rican, atc.)	es or No-	14. RACE Black, Specify	- American India White, stc.
	15. DECEDENT'S ET (Specify only highest gra Elementary/Secondary (0-12) 1.2		+)	Give kind of a life. Do NOT us	work done o	luring mo	ON st of working		ARUNDI SPECIA	EL DO	OR	INC.
	TENGENT ONE	DARAZZO							st, Middle, Maide LATER	n Sumame)		
5	196. INFORMANT'S NAME (Types/Print) LINDA L. CALDARAZZO 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1900 PAGHAM ROAD, GLEN BURNIE, MD. 21061											
	20s. METNOD OF DISPOSITION 1 & Burlet 2 Cremation 3 Removal from State 4 Donetton 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of Company o											
	22. NAME AND ADDRESS OF FACILITY INGLETON FUNERAL HOME I SECOND AVENUE, S.W. GLEN BURNIE, MARYLAND 21061											
	411	Sum	mu		GL	EN	BURN.	CE, M	IARYLA	ND ST	0.91	RAL HO
	23. PART I. Ener the diseases, o shock, or heert failure disease or condition resulting in death)	r complications the List only one can	occlusi	ve dis	GL not enter	EN the mo	BURN.	EE, M	IARYLA	ND ST	0.91	Approxima Interval Be
ERTIFICATION	23. PART 1. Enter the diseases, o shock, or heert failure iMMEDIATE CAUSE (Final disease or condition	a. VINO- (DUE TO	OCCUS: OCASA CON OCASA CON OCASA CON	VE de Sequence of	GL not enter	EN the mo	BURN:	EE, M	IARYLA	ND ST	0.91	Approxima Interval Be
MEDICAL CERTIFI	23. PART I. Enter the diseases, o shock, or heert failure immediate cause or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. VINO- (DUE TO DUE TO DUE TO d.	CCLUSION AS A COM	SEQUENCE OF	GL not enter	EN the mo	BURN de of dying Livi	Len	Dardlec or raag	ND 2.1 piratory arre	24b.	Approximal Interval Be Onset and 2 Weel 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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PHYSICIAN: MEDICAL CERTIFI	23. PART I. Larger the diseases, o shock, or heert failure immediate CAUSE (Final disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificent conditions and the cause cause. Examiners and the cause cause cause in the cause cause cause in the cause c	a. List only one can but to bu	OCCIUS: OCAS A CON OCAS A CON OCAS A CON OCAS A CON OCAS A CON	SEQUENCE OF SEQUEN	GL not enter	derlying 26. PL ling Nom 28c. INJ	BURN de of dying Livi Leu cause give	en in Part I	. 24a. WAS A PERFC 1 YES	ND 2.1 piratory arre	24b.	Approximal Interval Be Onset and 2 Well 1 yea WERE AUTOPSY FINANALABLE PRIOR TO COMPLETION OF COPPLETION OF COFF DEATH?
SICIAN: MEDICAL CERTIFI	23. PART I. Ener the diseases, o shock, or heert failure immediate CAUSE (Final disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificent conditions of the condition of the condit	a. VINO- (DUE TO DUE	OCCIUS: OCAS A CON OCAS A CON OCAS A CON OCAS A CON OCAS A CON	SEQUENCE OF SEQUEN	GL not enter P: P: F): OTHER 4 Num M	derlying 26. PL 1: ling Nom 28c. INJ WO 1 1	BURN de of dying Livi Leu ace of oeat 5 Resid URY AT RK? FES 2 N	en in Part I	. 24a. WAS A PERFC 1 Yes	ND 2.1 piratory arre N AUTOPSY PRIMED? 2 NO INJURY OCCL	24b. 1	Approximal Interval Be Onset and 2 WCL 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

F PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Typo. Print)
Www., Johns Hopking Hospital 600

600 N. White Street, Balto, MD 21205

Michigan Of all Doy at

A SHE IS A MULE

IVISION OF VITAL RECORDS, P.O. BOX 68760 BALTIMORE, MARYLAND 21215-0020	
R ATTENDING PHYSICIAN: The law requires that the death certificate be executed with rouns after death. Page 6 may be retained by the hospital or attending physician.	
RECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bund-transit permit. Pages 1, 2, 3 should)
State Death with the State Dept. Or negatin and methal angigene good to Dothal perfection, or being many 20 to make any 20 to being the state Dept. Or negating one of the state Dept. Or negating the manufacture of the manu	

	RICHARD EUGENE CO							3. TIME OF DEA			
		MY				05 29	DAY YEAR	10:10			
	I. SOCIAL SECURITY NUMBER			IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	a. BIR	THPLACE (State or F			
10.0	234 62 3483	1 XM 2 □ F	54 YRS.		HOURS MIN.	Sept. 2	26,1939 West Virgin				
œ	Da. FACILITY NAME (If not institution, give str				R LOCATION OF D	EATH	9c. COUNTY OF				
ECTO	SACRED HEART HOSI	'LIAL		COWRE	RLAND		ALLEGA	NY			
DIRE	106. STATE 106. COUNTY		10c. CITY,	TOWN OR LOCAT	ION			10d, INSIDE CIT			
	Maryland All	egany	We	esternpo	ZIP CODE		40- 01717511 01	1 X YES 2 WHAT COUNTRY?			
FUNERAL	421 Hammon	d Street		100	21562		lug. Citizen Of	USA			
No I	11. MARITAL STATUS	12. WAS DECEDENT EVER			ENDENT OF HISPA	NIC ORIGIN? (Specify	Yes or No- 14. RA	CE — American Ind			
	Never Married 2 Married	FORCES? 1 YES			2 NO Specif	an, Puarto Rican, etc.) fy:		ock, White, etc. eclly: White			
ETED	15. DECEDENT'S EDUC (Specify only highest grade of	ATION	16e. DECEDENT'S U	ISUAL OCCUPATION And Author Money		16b. KIND OF E	BUSINESS/INDUSTRY	WIIILE			
9	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use	retired.)	si or working			1792			
COMPL	12 17. FATHER'S NAME (First, Middle, Last)		Forema	an	C		Manufact	uring			
E CC	Earl T. Cook				18. MOTHER'S NA	AME (First, Middle, Maid F1izab	_{en Sumame)} eth Irene	Poland			
0	19e. INFORMANT'S NAME (Type/Print)		196. MAJLING A	ADDRESS (Street a	nd Number or Rurel	Route Number, City or 1		rorand			
2	Donna D. White		7701	Meath F	Road Bai	ltimore, MI	D 21222				
	20a. METHOD OF DISPOSITION		b. PLACE AND DATE OF metery, crematory or other		me of	OATE 20c.	LOCATION — City or	Town, Stata			
- 11-	Donation 5 Other (Specify)		Quéens Poi	int Ceme	etery 6		eyser, WV				
	Brian J 23. PART I. Enter the diseases, or co	Smith	ed the death. Do no	Rotruck-Smith Funeral Home 85 S. Main Street Keyser, WV 26726 o not anter the mode of dying, such as cardiac or reapiratory errest, Approxima							
	shock, or heart fellure. List only one cause on each line. iMMEDIATE CAUSE (Final disease or condition resulting in death) impero (or as a consequence or)										
IFICATI	Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST										
IN: MEDICA	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i) 24s. WAS AN AUTOPSY PERFORMEO? 1 YES 2 X NO 1 YES 2 X NO 1 YES 2 X NO										
2 SICI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	NOSPITAL:		26, PL OTHER:	ACE OF DEATH (C/	heck only one)					
> II -	1 YES 2 NO	1 Di Inpatient 2 ☐ ER/Ou 26a. DATE OF INJURY	The second second			6 Other (Specify)	W INJURY OCCURED				
Z	Natural 5 Pending Investigation	(Month, Day, Year)	INJU	WO WO	RK?	200. DESCRIBE NO	W INJORY OCCURED				
ED B	3 Suicide 8 Could not be detarmined	28e, PLACE OF INJUR building, atc. (Sp	tY — At home, farm, str ecify)	reet, factory, office		281. LOCATION (Stre City or Town, Sta	et and Number or Rure ate)	al Route Number,			
₹ I		CIAN: To the best of my kno						e(s) and manner as			
BE CO	196. SIGNATURE AND TITLE OF CERTIFIER	3)	29c. LICENSE NU	29d. DATE SIGH	POL DATE SIGNED (MONIN, City, Tour)				

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	1 - FOR STATE REGISTRAR	STATE OF MARY		RTMENT OF I		MENTAL HYGIEN REG. NO						
	1. DECEDENT'S NAME (First, Middle, Last)	cateo				6	av gr	+ 3 -am				
	4. SOCIAL SECURITY NUMBER 219-16-3401	5. SEX 6. AGE	(In yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH MAR. 11, 1906 a. SIRTHPLACE (State or Foreign Country) Maryland						
NG.	98. FACILITY NAME (If not Institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH Westminster Nursing & Conv. Center Westminster Carroll County											
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT			Y, TOWH OR LOCA			Carro	10d. INSIDE CITY				
	Md.	Carroll Coun	ty Hai	npstead				1 YES 2 X NO				
FUNERAL	17902 Marshall	Mill Road			21074			OF WHAT COUNTRY?				
B⊀	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	2 XNO	If yes, sp		UNIC ORIGIN? (Specify Yesan, Puerto Rican, etc.)		RACE — American Indian, Black, White, atc. Specify: White				
ETED	15, DECEDENT'S EDU (Specify only highest grade	completed)	16a. DECEDENT'S (Give kind of life. Do NOT u	USUAL OCCUPATI work done during m	ON ost of working	16b. KIND OF BU	SINESS/INDUST					
MPLE	Elementary/Secondary (0-12) 9th	College (1-4 or 5+)	Homema			Own Ho	me					
COMPL	17. FATHER'S NAME (First, Middle, Last) Robert M. Grove	96				AME (First, Middle, Malden	Surname)					
TO BE	19a. INFORMANT'S NAME (Type/Print)				and Number or Rura	Route Number, City or Tox	vn, State, Zip Cod	(0)				
	Richard L. Coa	20	P. O			ester, Md.	21102 CATION - City					
	1 M Buriat 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	ce Ce	metery, cremetory or C Loudon P	erk Ceme	tery	6/ ₀₉ Ba						
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	1	Gary		an Funeral , Elkridge	Homes	21227				
ERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
N: MEDICAL CE	PART II. Other aignificent condition	na contributing to death	g ceuse given l	Part I. 24s. WAS AN PERFO	RMED?	24b. WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAL OF DEATH? 1 YES 2 NO						
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Ou	tostlent 3 DOA	OTHER:	LACE OF DEATH (C							
у РНУ	27. MANNEW OF DEATH Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b, TII	AE OF 28c. IN.	JURY AT DRK? YES 2 NO	28d. DESCRIBE HOW INJURY OCCURED						
TED B	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide detarmined	281. LOCATION (Street City or Town, State	TION (Street and Number or Rural Route Number, r Town, State)									
TO BE COMPLE	2001	ICIAN: To the best of my kno ER: On the bests of axaminete OCOMPLETED CAUSE OF D	on and/or investigati	on, in my opinion,		e time, data and place, a	nd due to the ca	use(s) and manner as state SINFO (Month, Day, Year)				
	31. DATE FILED (Month, Day, Year) JUN 1 0 1994	32. REGISTRAR'S SIG		i		//		min				

ITEMS: 23 PART I, 27, 28a,b,d,e,f, PER MEO FILM G-712 6/23/94 t.t.

		1 - STATE REGISTRAR		WANTL	CERTI						REG. NO.	<u> </u>		
		1. DECEDENT'S NAME (First, Middle,	.ast)								E OF DEATH TH DA	Y Y	EAR 3.	TIME OF DEATH
		WILLIAM	T	_	DWNEY.					IIIL				2:50 PM
		4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE	(In yrs. last birthday	MONTHS	DAYS	HOURS	24 HRS.		E OF BIRTH oth, Day, Year)	6.	BIRTHPL Country)	ACE (State or Foreign
목		219-52-7167	1 M 2 □ F		/8 YRS.						1 - 194	6 N	lary	land
plnous	_~	9a. FACILITY NAME (If not institution,	give street and number)			9b. CIT	r, TOWN (OR LOCATI	ON OF DE	ATH		9c. COUNT	OF DEA	ГН
2, 3	0	110 W.NORTH AVENUE BALTIMORE CIT												
1,	DIRECTOR	RESIDENCE OF DECEDEN 10a. STATE 10b. CO			10c. C	TY, TOWN							1 10	d. INSIDE CITY
Page	E	Md.			Baltimore									LIMITS?
permit. Pages	. 1	10a, STREET AND NUMBER				aiti		. ZIP COD		10g. CITIZEN				YES 2 NO
	FUNERAL	241 Silver C	+											COUNTRY?
-0020 ing physician. the burial-transit	ž	11. MARITAL STATUS	12. WAS DECEDEN	NT EVER I	N U.S. ARMED	13		2121		IIC OBIG	IN? (Specify Yee		SA	American Indian,
020 physician. burial-trar		1 📉 Never Merried 2 🗌 Merried	FORCES? 1	I 💹 YES	27 4NO		If yes, sp	ecthy Cube	n, Mexica	n, Puerto	Rican, atc.)	or No _	Black, V	/hite, etc.
He the	ВУ	3 Widowed 4 Divorced	ir ies, dive	man on D	MIES		I 🗌 TES	244 NO	Specin	/:			Specify:	Black
1215-0 r attending use as the	8	15. DECEDENT'S (Specify only highest								16	b. KIND OF BUS	SINESS/INDUS	TRY	
21 al or for u	<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5	+)	(Give kind o	use retired.)	during mo	St Of WORK	NO .					
AND 21: he hospital or detached for us	COMPLET	12 th			Mecha	nic								
the hose detach	8	17. FATHER'S NAME (First, Middle, Las	*					16. MOT	HER'S NA	ME (First,	Middle, Maiden	Surname)		
d be	ш	William Down	ey Sr.					Ven	ey	Hic	ks			
BALTIMORE, MARYLAND 21215-0020 ler death. Page 6 may be retained by the hospital or attending physic the funeral director, page 5 should be detached for use as the burial wal.	TO B	19a. INFORMANT'S NAME (Type/Print)			19b. MAILIN	IG ADDRES	S (Street a	nd Number	or Rural I	Poute Nur	nber, City or Town	n, Stefe, Zip Co	ode)	
E, M y be re page 5	٦	Mrs. Mary Ev	ans Carte	er	242	6 E.	No	rth	Ave	. B	alto.	, Md.	212	215
ALTIMORE, leath. Page 6 may be funeral director, page		20e. METHOD OF DISPOSITION 1 X Burlel 2 Cremetion 3	Removal from State	200	b. PLACE AND DAT	E OF DISPO	SITION (Ne			DA		CATION — CIT	y or Town	, State
MORI ge 6 may irector, p		4 Donation 5 Other (Specify)		W	estern	Sta	r Ce	emet	erv		Cat	consv	ille	Maryla
TIP		21. SIGNATURE OF FUNERAL SERVICE						ID ADDRE		CILITY				nes F.H.
BALTIM after death. Page by the funeral direct moval. cal examiner in		1) erud	50-9	ne	-	4	611	Par	k H	eia	peril	70 P	100	o., Md.15
BALTIN BALTIN of within at hours after death, Page ompletely filled in by the funeral dir of, cremation, or removal. event, the medical examiner		23. PART I. Enter the diseases,	or complications the	t ceuse	d the deeth. Do	not ente	the mo	de of dy	ing, suci	h ee ce	rdlec or respi	ratory arres	t.	Approximate
hours or re		ehock, or heert fell IMMEDIATE CAUSE (Finel	ure. Liet only one cer	uee on e	soft for							ucas unio	,	Interval Between Onset and Death
within 24 ho pletely filled cremation, o		disease or condition	NADCOTT	C CO	CATNE AND	AL COL	O TA	TOVIC	ATION	ı				Onact and Death
ted within completely ial, cremati		e. NARCOTIC, COCAINE AND ALCOHOL INTOXICATION DUE TO (OR AS A CONSEQUENCE OF):												
	z											7.5		
	RTIFICATION	Sequentielly list conditions, If any, leading to immediate	DUE TO	(OR AS	A CONSEQUENCE	OF):								1
BO) ate be systciar prior r trau	CA	ceuse. Enter UNDERLYING CAUSE (Disesse or Injury	c											
certificate nding physical Hygiene prior other to	E	that initieted events	DUE TO	(OR AS	A CONSEQUENCE	OF):								
endi in	CER	resulting in deeth) LAST	d						_					
ORDS, P.O. BOX that the death certificate be e ed by the attending physician th and Mental Hygiene prior to any Injury, or other traum		PART II. Other significent cond	Itions contributing to	deeth b	out not resulting	In the u	nderlylni	n cellee	alven In	Part I	24a. WAS AN	AUTOREV	T nah w	ERE AUTOPSY FINDINGS
ORC that the	MEDICAL						8	,			PERFOR	MED?	A	AILABLE PRIOR TO OMPLETION OF CAUSE
CO ires ti signed lealth										_	YES 2	□ NO		DEATH?
A RECOF we requires that s been signed pt. of Health shows any	Σ	DID TOPACCO US	E CONTRIBUTE	- TO	CALICE	E DEA:	FI 1 1/	F6 -		_			1	YES 2 NO
2 Opin	A	DID TOBACCO US 25. WAS CASE REFERRED TO MEDICA		10	CAUSE O	DEA		ACE OF D	NO					
VITA AN: The tifficate has e State D	SICIAN	EXAMINER? 1 STYES 2 NO	HOSPITAL:	EB/Out	netlant 3 🗆 DOA	OTHE	R:							
그 글 등 표 이	РНҮ	27. MANNER OF DEATH	26e. DATE OF		28b. T		26c. INJ		sidence		er (Specify) M(ROO	M
		1 Natural 5 Pending	(Month, E	Day, Year)	FOUN	O PM	WO	RK?	□ NO		NOWN	NOONI OCCO	TED	
SION TENDING OR: After fter death	BY	2 Accident Investigat 3 Suicide 6VIV Could no	26e. PLACE C	OF INJURY	Y — At home, ferm	70 1			,		CATION (Street a	and Number or	Rumi Rou	n Number
	8	4 Homicide 6XIX Could no	ed building,	, atc. (Spe	V. NORTH A					City	y or Town, State)	ITY		
DIVISI OR ATTEN DIRECTOR: hours after item 28 i	Ē	29e. CERTIFIER 1 CERTIFYING F				-	ton do	Corner.	20.41					
보 그 2 등	COMPL	one)	MINER: On the beele of e											aranteer to day
HOSPITAL FUNERAL Within 72 TANT: If	8	- N J		-	A Toliator investige	non, in my	opinion, u	watti occui	ed at trie	time, can	ie and place, en	a aue to the	:euse(e) e	nd menner ee stated.
TO THE HOSPIT TO THE FUNERA be filed within 7	BE	29b. SIGNATURE AND TITLE OF CER	THE AND A	1/	W				ENSE NUN					onth, Day, Year)
268₹	5	20 100 100	Cource	N	Y			0.0	.М.	E		JUN	E 0	6,1994
\		30. NAME AND ADDRESS OF PERSO	WHO COMPLETED CAU											
		21 DATE EN ED W	we,		111 Pe	nn S	tre	et,	Bal	tim	ore, l	Maryl	and	21201
		31. DATE FILED (Month, Day, Year)	Julia So	PI'S SIGN	MA									

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within an hours after death. Page 6 may be retained by the hospital or attending physician.

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1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH														
H	King M. I	Durand	etto							June	7.		94	2:30 A. M	
	4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (In yrs.	lest birthday)	IF UNDER 1 Y	EAR IF U	NDER 24 HR	s.	7. DATE OF E			8. BIRTI	IPLACE (State or Foreign	
	210-10-917	7	1 💢 M 2 🗌 F	79	YRS.	MONTHS D	AYS HOU	RS MIN	6.	Feb.		915	Pen	msylvania	
	9e. FACILITY NAME (If not in	nstitution, give s	street end number)			9b. CITY, TO	WH OR LO	CATION OF	_		_ , , _		INTY OF D		
e e	4109 Baker	Lane				Baltimore Baltimore						more			
ַל	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY														
E	Maryland Baltimore					Y, TOWN OR I								10d. INSIDE CITY LIMITS?	
	10e. STREET AND NUMBER					ва	ltimo						1 TES 2 NO		
FUNERAL DIRECTOR	4109 Bake		10f. ZIP CODE 10						0g. CITIZEN OF WHAT COUNTRY?						
N N	11. MARITAL STATUS	er Lan		IT CHEEN IN U.S.								U.S.A.			
	1 Never Married 2 X	Merried		X YES 2	NO If yes, specify Cuben, Mexicen, Pue					Puerte Ricar	pecify Yes n, etc.)	or No-	Blac	E American Indien, k, White, etc.	
BY	3 Widowed 4 Divorced IF YES, GIVE WAR OR DATES					1 YES 2 NO Specify:							Spec	White	
유	15. DEC	DECEDENT'S	USUAL OCCL	PATION			16b. KIN	D OF BUS	INESS/IN						
COMPLETED	Elementary/Secondary (0	y highest grade 0-12)	College (1-4 or 5	+)	(Give kind of the life. Do NOT us	Give kind of work done during most of working e. Do NOT use retired.)									
<u>a</u>	N/A	N/A N/A Cr					ane Operator				tee1	Yar	đ		
[17. FATNER'S NAME (First, M		`			16. MOTNER'S NAME (First						Surname)			
BE ((Name Unknown) (Name Unknown)														
6	19a. INFORMANT'S NAME (7		RESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)												
-	Thomas Dura	4218	Darna	11 R	1., I	3al	timor	e, M	D 2	1236					
	20a, METHOD OF DISPOSIT 1 X Buriel 2 - Cremetic	CEAND DATE OF DISPOSITION (Name of crematory or other place)					DATE 20c. LOCATION — Cify or Town, State								
	4 ☐ Donation 5 ☐ Other 21. SIGNATURE OF FUNERA	ens o	s of Faith Cemetery 7/9 Baltimore, Ma						Maryland						
	1. IIII GOAL					Sch	imune	k Fu	ine	ral H	omes	. In	с.		
Schimunek Funeral Homes, Inc. 9705 Belair Rd., Baltimore, M										21236					
	23. PART i. Entar tha di ehock, or h	iseases, or eert fellura.	complications the Liet only one car	at coused the	daeth. Do i	not antar the	moda of	dying, s	such a	aa cardlec	or reapi	ratory er	reet,	Approximste interval Between	
- 1	IMMEDIATE CAUSE (Fir	nei				· .	1.							Onset and Deeth	
	disease or condition resulting in deeth)	\rightarrow	a. OUE TO	ncer o	1 wo	state	, di	sse	m.					190.	
			DUE TO	(OR AS A CONS	SEQUENCE O	F):	1	of 1975-16						0	
NO	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):														
ATI	If any, leading to imme- ceuse. Enter UNDERLY		DOE TO	(OR AS A CONS	SEGUENCE O	r):									
CERTIFICATION	CAUSE (Disease or inju- that initiated events		c. DUE TO	(OR AS A CONS	SEQUENCE O	F):									
	resulting in death) LAS	T	4												
씽	6.														
MEDICAL	PART II. Uther significa	int condition	a contributing to	daath but no	t raauiting	iting in the undariying cause given in Par				ert i. 24s. WAS AN AUTOPSY 24st PERFORMED2			. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
ă			NK							_ 10	YES 7	NO		COMPLETION OF CAUSE OF DEATH?	
ME										_				1 TYES 20 NO	
ž															
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL	HOSPITAL:			OTHER:	6. PLACE	F DEATN	(Check	k only one)					
ΥS	1 YES 2 NO		1 Inpatient 2		1	4 - Nursing				Other (Sp		_			
	2.2	Pending	26e. DATE OF	Day Year)	JISH. TIM	URY 28	WORK?		/	ed. DESCRI	E HOW, H	COURTY OC	CURED	_ /	
В	2 Accident	Investigation	200 BLACE	DE IN INDIV. AL	1/			2 NO	1,	//	-/		/	7/	
8		Could not be determined	building	OF INJURY — At., etc. (Specify)	Marin,	Marie Lagrany	office		6	City or To	N (Street o wrt, Spins)	nd Munice	or Punt	Fours (Minber	
4	290. CERTIFIER			01					_		_		U		
MPI	(Check only		ICIAN: To the best o												
COMPLETED				xamination and/	or investigation	on, in my opin	on, death o	ccured at	the tin	me, date end	placa, and	d due to t	he ceuse(e) end manner as stated.	
BE	29b. SIGNATURE AND TITLE	OF CERTIFIE	(10mg)	MY			29c.	LICENSE	NUMB	ER		29d. DAT		(Month, Day, Yeer)	
5	30. NAME AND ADDRESS OF	m 1/	10000.140	1				178(1	4:	10		•	68	94	
	Dr. Dan McD						D _ 1		-	MEN	0101	7	1	1 /	
			12 DECISTO	DIS SIGNATURE		e DI.	, bal	C TIIIO	re	, PID	2123) /		1.0	
31. DATE FILED (Mooth, Day, Year) 32. REGISTRAR'S SIGNATURE														1	
			7 7	- 1	Approximate the second										

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TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.											
	1. DECEDENT'S NAME (First, Middle, Last) HE/EN	M. DAVIS				2. DATE MONTH	OF DEATH D	9	724	3. TIME OF DEATH		
		5. SEX 6. AGE (In yrs. ia		IF UNDER 1 YEAR	IF UNDER 24 HRS.		OF BIRTH , Day, Year)	8	. BIRTHP Country)	LACE (State or Foreign		
	233 22 3011	□ M 2 🔯 F 73	YRS.	ONTHS DAYS	HOURS MIN.		18/19	21		t Virginia		
nc	9a. FACILITY NAME (If not institution, give stree	1		R LOCATION OF DE	EATH							
DIRECTOR	Harbor Hospital	Center		Baltim	ore			======				
E	10e. STATE 10b. COUNTY	10c. CITY,	TOWN OR LOCAT	ION			10d, INSIDE CITY					
ā		Arundel	Mi1	Millersville					- [-	LIMITS?		
₹ I	10a. STREET AND NUMBER			101	ZIP CODE			10g. CITIZEN OF WHAT COUNTRY?				
FUNERAL	27 J.arbo Road 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMIT				21108			U.S.A.				
B≺	1 Never Married 2 Married FORCES? 1 VES 2 N IF YES, GIVE WAR OR DATES								or No- 14. RACE — American Indian, Black, White, alc. Specify: White			
	15. DECEDENT'S EDUCAT (Specify only highest grade col		ECEDENT'S U	SUAL OCCUPATION done during mo	IN of working	16b.	KIND OF BUS	SINESS/INDUS	STRY			
9		College (1-4 or 5+)	e. Do NOT use	retired.)	at or working	ŀ	~					
COMPLETED						_	Chess:		tem			
	17. FATHER'S NAME (First, Middle, Last)	ifford Miller			18. MOTHER'S NA			Surname)				
BE	19a. INFORMANT'S NAME (Type/Print)			DDBESS /Street a	nd Number or Rural	raldi		a State 7in C	n ele t			
2	Kathy Altevogt			oo Road			ille,			21108		
	20a. METHOD OF DISPOSITION	20h PLACE		DISPOSITION (Na		DATE		CATION — CIT				
	1 Description 5 Other (Specify)	il from State cemetery, cri	ematory or other Haven	Memori	al Park	6/1	3 G1	en Bur	nie	Maryland		
	21. SIGNATURE OF FUNEBAL-SERVICE LICEN	SEE (D ADDRESS OF FA	CILITY						
ļ	1. Kukar	Non	10		Ritchie							
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory at ahock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):									it,	Approximete Interval Between Onset and Daath		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d											
PHYSICIAN: MEDICAL	PART II. Other significant conditions of	resulting in					ORMED? 2 NO AVAILABLE PRIOR COMPLETION OF		NERE AUTOPSY FINDINGS NARLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
MA	25. WAS CASE REFERRED TO MEDICAL			28. PL	ACE OF DEATH (Ch	eck only on	e)					
Sic		OSPITAL:		OTHER:	5 Residence							
ву рну	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME INJUI	OF 28c. INJ			CRIBE HOW I	NJURY OCCU	RED			
	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — Al hi building, etc. (Specify)	ome, farm, str	est, factory, offic	•	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				ute Number,		
COMPLETED		N: To the best of my knowledge, d								and menner as stated.		
BE	296. SIGNADURE AND TITLE OF CENTIFIER	an M	29c. LICENSE NUM							Month, Day, Year)		
임	30. NAME AND ADDRESS OF PERSON WHO C	COMPLETED CAUSE OF DEATH (ITE	11 1	. //	100/201		ten	0	() (/_/		
	31. DATE FILED (Month, Day, 1607) 32. REGISTRADS SIGNATURE JUN 1 0 1994 Guide Deviden - Rendere											

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Ours after death. Page 6 may be retained by the hospital or attending physician.

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	1 - FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.								
	1. DECEDENT'S NAME (FIRE MISSON LASS)	0.4		DeRugg		2. DATE OF DEATH MONTH DA	7 94			
	110-14-9900	1 X # 2 F	yns dyn dynnosy) 67 vas.	IF UNDER 1 YEAR MORTHS DATE		7. DATE OF BIRTH (Month, Day, Year) Oct. 7,192	26	THPLACE (State or Foreign Intry) New York		
TOR	96. FACILITY NAME (If not institution, give stre Franklin Squa RESIDENCE OF DECEDENT		1	9b. CITY, TOWN C	more					
DIRECTOR	10e. STATE 10b. COUNTY	altimore		r, TOWN OR LOCAT	_	sex		10d. INSIDE CITY LIMITS? 1 YES 2 X NO		
FUNERAL	10e. STREET AND NUMBER 352 Oberle A	ve.		101	ZIP CODE	1221	10g. CITIZEN OF WHAT COUNTRY? USA			
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARI FORCES? 17 YES 2 N IF YES, GIVE WAR OR DATES			13. WAS DEC	ACE — American Indian, ack, White, atc.					
COMPLETED	15. DECEDENT'S EDUCJ (Specify only highest grade of Elementary/Secondary (0-12)	(Give kind of w life. Do NOT us	5000	st of working	SINESS/INDUSTRY	,				
	8th 17. FATHER'S NAME (First, Middle, Lest) Alfred DeRu	Ele	<u>ctricia</u>		ME (First, Middle, Maiden	eth St Summen Osia	eel			
TO BE	Alfred DeRuggiero Albina Annosia 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) WilhelminaDeRuggiero 352 Oberle Ave. Baltimore Md. 212									
	20a. METHOD OF DISPOSITION 1									
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Connelly Funeral Home of Essex 300 Mace Ave. Baltimore Md. 21221									
CERTIFICATION	23. PART I. Enter the disease or complications that caused the feath. Do not enter the mode of dying, auch as cardiac or reepiratory arreat, interved on the control of the									
PHYSICIAN: MEDICAL CE	PART ii. Other aignificent conditions contributing to deeth but not resulting in the underlying cause given in Pert i. 24a. WAS AN AUTOPSY PERFORMED? ANA COA OF									
SICIAN		HOSPITAL:	2 0 000	OTHER:	ACE OF DEATH (Che					
ВУ РНУ	27. MANNER OF DEATH 1 X Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c. INJ URY WO	URY AT RK?	28d. DESCRIBE HOW II	NJURY OCCURED			
	2 Accident investigation 3 Suicide 8 Could not be 4 Homicide determined	28s. PLACE OF INJURY — building, atc. (Specify	Bs. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify)			281. LOCATION (Street a City or Town, State)	and Number or Run	nd Number or Rural Route Number,		
TO BE COMPLETED	29e. CERTIFIER (Check on Check									
dr. Gregory Kelly 1245 Eastern Boulevard Baltimore, MD 24221 31. DATE FILED (Month, Day, Year) JUN 1 0 1994										

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VITAL RECORDS, P.O. BOX 68760,

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	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.											
	1. DECEDENT'S NAME (First, Middle, Lest)						2. DATI	E OF DEATH			3. TIME OF DEATH	
	Peter J. Eshm	ont					MONT			YEAR	м.	
	4. SOCIAL SECURITY NUMBER		AGE (In yrs.	lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH	<u> 1994</u>	8. BIRTH	PLACE (State or Foreign	
	182-16-0469	1 🖾 M 2 🗆 F 78 YRS. MONTHS DAYS HOURS N						(Month, Day, Year) 1/12/1916 Country) Penna				
	9a. FACILITY NAME (If not institution, give size	Y NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION						16/17	9c. COUN			
ڄا	John Hopkins B	avview			Ro 1	timore			110 00-			
БI	RESIDENCE OF DECEDENT	ayview			Dal	timore			<u></u>			
DIRECTOR	10e. STATE 10b. COUNTY	•		10c. CITY,	TOWN OR LOCA	TION					10d. INSIDE CITY LIMITS?	
		imore		Du	ndalk						1 - YES 2 1 NO	
≱	10e. STREET AND NUMBER				10	H. ZIP CODE					VHAT COUNTRY?	
밀	3132 Liberty Pl					21222				SA		
100. STREET AND NUMBER 3 1 3 2 Liberty Pkwy. 100. STREET AND NUMBER 3 1 3 2 Liberty Pkwy. 100. STREET AND NUMBER 3 1 3 2 Liberty Pkwy. 100. STREET AND NUMBER 3 1 3 2 Liberty Pkwy. 100. STREET AND NUMBER 3 1 3 2 Liberty Pkwy. 100. STREET AND NUMBER 101. ZIP CODE 2 1 2 2 2 US A 11. MARITAL STATUS 11. MARITAL STATUS 11. MARITAL STATUS 11. Never Married 2 N Married 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 N YES 2 NO Black 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No Black 14. RAC									14. RACE Black	— American Indian, t, White, atc.		
à	3 Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES			S 2 X NO Speci		, , , , ,		Speci	White	
	15. DECEDENT'S EDUCA	WW 2	160	DECEMENT'S I	I ISUAL OCCUPATI	ON .	1 40	- KIND OF BUIL	1	10.0001	WILLE	
ETED	(Specify only highest grade of	ompleted)			ork done durina m		10	b. KIND OF BUS	SINESS/INDU	JSTRY		
2	Elementary/Secondary (0-12)	College (1-4 or 5 +)	- 1	rinci			B	alto.	Com	n t v	School	
COMPL	17. FATHER'S NAME (First, Middle, Last)	3 ±			Pul	18. MOTHER'S NA	_			iity	501001	
	Peter Eshmont							Moroc	Surrieme)			
B	19a, INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS (Street	and Number or Rural			n State 7in	Codel		
일	Milderd Eshmon	t				y Pkwy					21222	
	20a. METHOD OF DISPOSITION				FDISPOSITION/N		DA		CATION — C			
1 N Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) Garrison Forest 6/13 Baltimore									- 1			
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY												
	De set Com					elly Fu						
	23. PART I. Entar tha diseases, or co	molications that ca	used the	death Do no	17110	Soller	s P	t. Rd	. Dur	nda:	1k 21222	
	shock, or haart fallure. Li	ist only one cause	on each il	na.	A differ the fire	out of dying, eu	vii aş çar	ulac of Taspi	retory sire	rat,	Approximata interval Between	
IMMEDIATE CAUSE (Final disease or condition resulting in death) S. ARTERIOSCLERIOTIC CORDINARY VAS CAU DUE TO (OR AS A CONSEQUENCE OF): PISEN											Onset and Death	
ŀ	resulting in death) s.	DUE TO (OR	AS A CONS	SEOUENCE OF	2116	CORBIN	Mey	0150	ALL HIS			
,				,				PUE	1136			
2	Sequentially list conditions, if any, leading to immediate	DUE TO (OR	AS A CONS	SEQUENCE OF)	:				-			
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury											
	that initiated events	DUE TO (OR	AS A CONS	SEOUENCE OF	:							
H	resulting in death) LAST											
- 11	PART II. Other significant conditions	contributing to das	ith but no	t resulting in	the underlyin	g cause given in	Part I	24a, WAS AN	AUTOPSY	246	WERE AUTOPSY FINDINGS	
SAL	and the same of th	ARTER					90	PERFOR	RMED?	- -	AVAILABLE PRIOR TO COMPLETION OF CAUSE	
			1_1_1					1 YES 2	NO		OF DEATH?	
≥											1 TYES 2 THO	
Ž	25. WAS CASE REFERRED TO MEDICAL				26. P	LACE OF DEATH (C	heck only o	one)				
22		HOSPITAL: 1 Inpatient 2 ER	/Outpatient		OTHER:	ne 5 Rasidenca						
PHYSICIAN: MEDIC	27. MANNER OF DEATH	28a, DATE OF INJU	JRY	28b. TIME	OF 28c, IN	JURY AT	T	SCRIBE HOW I	NJURY OCC	URED		
2 2	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Y	bar)	INJU		YES 2 NO						
	3 Suicide 6 Could not be	28s. PLACE OF IN. building, atc.	JURY - At	home, farm, st	reet, factory, offic	ia .	28f. LO	CATION (Street &	and Number	or Rural F	foute Number,	
COMPLEIED	4 Homicide determined	building, atc.	(эрвспу)				City	or Town, State)				
ן ל	29a. CERTIFIER (Check only	IAN: To the best of my	knowledge.	death occurred	at the time date	and place, and du	e to the co	use/s) and mar	TOOK OR MAN	d		
ξ	one) 2 MEDICAL EXAMINER) and manner as stated.	
	294 SIGNATURE AND TITLE OF CERTIFIER											
4	(mylet	7				29c. LICENSE NU	C -	7	DATE	SIGNED	(Month/ Day, Year)	
2	30. MAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE O	F DEATH (I)	TEM 27) (Type. I	Print)	102/	7	/	. 6	1	117	
	J. M. NIEHUAR		OOC			SQUAR	= 1	DR. R	MI	n	1231	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE			242/11/12		151 13	,, -, 0	1 / !	7.	
JUN 1 0 1994 Julie Burger Breeze												

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DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the Hospital of the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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	REGISTRAR		CERTIFIC	CATE OF	DEATH	R	EG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF E	DEATH		3. TIME OF DEATH		
- //	Frank G.	Fisher II	Т			June	2. DAY 199	4 YEAR	11 A. M. M		
	4. SOCIAL SECURITY NUMBER			IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF E			IPLACE (State or Foreign		
	212 2/ 5/20	3b =		ONTHE DAYS	HOURS MIN.	(Month, Day	v. Year)	Countr	ny)		
	213-34-5430		0			June			ryland		
_	9e. FACILITY NAME (If not institution, give et	treet and number)		9b. CITY, TOWN	OR LOCATION OF DE	ATH	9c. COL	JNTY OF D	EATH		
DIRECTOR	5241 Cedgate Roa	ad		Bal	timore		-		- 416		
5											
2	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSI										
	Maryland -		В	altimor	e			1 X YES 2 NO			
4	10e. STREET AND NUMBER		•	10	. ZIP CODE		10g. CIT	IZEN OF V	MNAT COUNTRY?		
5	5241 Cedgate Roa	a d				21206		. S.			
FUNERAL	11. MARITAL STATUS	N U.S. ARMED									
	1 Never Merried 2 Merried	FORCES? 1 YES	2 X NO	If yee, ap	ecify Cuben, Mexican 2 X NO Specify:	, Puerto Ricen	, atc.)	14. RACE Biaci	E — Americen Indien, k, White, etc.		
BY	3 Widowed 4 XXDivorced	Specif	White								
	45 000000000000000000000000000000000000								willte		
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	completed)	18e. DECEDENT'S U (Give kind of wo	SUAL OCCUPATION rk done during modelined.)	ON st of working	16b. KIN	D OF BUSINESS/IN	DUSTRY			
"	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use	retired.)							
9	n/a	n/a	Cab Dr	iver		C.	ab Compa	ny			
ō	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAM	AE (First, Middle	a, Maiden Surname)				
	Frank G. Fisher				Elizat	eth F	ischer				
BE	19e. INFORMANT'S NAME (Type/Print)		19h MAILING A	DDRESS /Street /	nd Number or Rural R			in Codel			
임		(0:							0.00		
	Diana L. Martini			_	ark Rd.,			_			
20e. METHOD OF DISPOSITION 1											
									re, Maryland		
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	N.		D ADDRESS OF FAC	ILITY					
Schimunek Funeral Home 3331 Brehms Lane, Baltimore, M											
	1 LOCAL WA	ou were	1						. 21313		
- 1	23. PART I. Enter the diseases, or o	omplications that cause	d the death. Do no	t enter the mo	de of dying, auch	aa cardlac	or reapiretory ar	reat,	Approximate		
	IMMEDIATE CAUSE (Final	List only one cause on e	each line.						Interval Between Onset and Death		
disease or condition resulting in death) a. Quality of Conthornelle C									Oliset and Death		
		DOE TO (OR AS A	A CONSEQUENCE OF):								
N	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):										
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2	cause. Enter UNDERLYING CAUSE (Disease or Injury	c									
느	that initiated events	DUE TO (OR AS	A CONSEQUENCE OF):								
	resulting in death) LAST	d									
DICAL	PART II. Other algnificant condition	s contributing to death t	out not resulting in	the underlyin	g cauae given in F	Part I. 24a	. WAS AN AUTOPSY PERFORMED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO		
5	Hyportonsi,					1,5	YES 2 NO		COMPLETION OF CAUSE		
	Stalut)	nellh				_ ''	1 123 2 110	- 1	OF DEATH?		
ME									1 YES 2 NO		
Z	DID TOBACCO USE	CONTRIBUTE TO	CAUSE OF	DEATH	ES NO						
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28. PI	ACE OF DEATH (Che	ck only one)					
S	1 TYES 2 NO	1 - Inpetient 2 - ER/Out			• 5 Residence (Other (Sp	ecity)				
PHYSICIAN:	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. INJ	URY AT	28d. DESCRIE	BE HOW INJURY OC	CURED			
	1 Natural 5 Pending	(Month, Day, rear)	in 30		ES 2 NO						
BY	2 Deutstein	28e. PLACE OF INJURY	/ — At home, farm, etc	eet, fectory, offic		28f LOCATIO	N (Street and Numbe	or or Ruest 6	Pouts Number		
	4 Homicide 8 Could not be	building, etc. (Spe	cify)	,,,		City or To		T OF FIGURE ?	iodio reambei,		
COMPLETED											
리	29e. CERTIFIER (Check only 1 CERTIFYING PHYSI	CIAN: To the best of my know	viedge, death occurred	at the time, date	end place, end due t	to the cause(e) end menner ee sta	rted.			
8	one) 2 MEDICAL EXAMINE	R: On the beele of examination	on end/or investigation.	in my opinion, o	eath occured at the t	lme, date and	plece, end due to t	he ceuse(e) end menner ee stated.		
B	1 1 1				29c. LICENSE NUM				(Month, Day, Yeer)		
5	(unfly	ar			10-18	151		6-3-	14		
- 1	30. NAME AND ADDRESS OF PERSON WHO			CALLET I	ch Home 1	Hospit	al				
	Dr. Chi-Shiang Cl	hen, 100 N.	Broaddway	, Balti	more, Md	•		or	Annex Bldg.		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN					7 LII 110	OI,	numer brug.		
	JUN 1 0 1994 9	This Dinsen- Re									
	V IUUT /		alak G								

K 68760, BALTIMORE, MARYLAND 21215-0020 executed within rours after death. Page 6 may be retained by the hospital or attending physicia	1215-0020	or attending physician.
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DIVISION OF VITAL RECORDS, P.O. BOX

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Figure death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	, or other traumatic event, the medical examiner must be notified at once.	ERTIFICATION TO BE COMPLETED BY FUNERAL DIRECTOR
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH													
	Harold B. Fars				June 8, 1994			YEAR	7:30 p.	м				
	4. SOCIAL SECURITY NUMBER	yrs. lest birthday	IF UNDE	ER 1 YEAR	IF UNDER	24 HRS.	7. DATE OF B	HRTH			LACE (State or Foreig			
9	218-09-4507	1 ☑ M 2 ☐ F	97	YRS.	MONTHS	DAYS	HOURS	MIN.	March	2 Q	1897	Country)	ryland	
		De. FACILITY NAME (If not institution, give street and number)					March 29, 189 Marylar 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH							
1	2205 Larmirian A													
DIRECTOR	RESIDENCE OF DECEDENT	3305 Lawnview Avenue						Baltimore						\dashv
	10a. STATE 10b. COUR	TY		10c. C	TY, TOWN	OR LOC	ATION					1	IOd. INSIDE CITY LIMITS?	
	Maryland	altimore					1 X YES 2 □ NO							
4	10e. STREET AND NUMBER		.1	IOT. ZIP COD	E			10g. CITIZEN OF WHAT COUNTRY?						
UNERAL	3305 Lawnview A	21213					U.S.A.							
5	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 X NO					. WAS DI	ECENDENT (OF HISPAN	IIC ORIGIN? (Sp	ORIGIN? (Specify Yes or No 14. RACE			- American Indian,	
	1 Never Married 2 Married FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES						ES 2 🔯 NO		n, Puerto Ricen /:	, etc.)		Black, White, etc. Specify: White		
			_ =====================================							White				
ם	15, DECEDENT'S Et (Specify only highest gra	UCATION de completed)		(Give kind o	work done	e durina r	TION Trost of working	ng	16b. KIN	D OF BUSIN	IESS/INDU	STRY		
	Elementary/Secondary (0-12)	College (1-4 or 5 N/A	+)	IIIe. Do NOT		.)			۸	chor	Doot			
COMPLE	17. FATHER'S NAME (First, Middle, Last)	11/21		Watch	16. MOTHER'S NAME (First, Middle,						- "			
									me (First, Middle Unknowi		imame)			
H I	Unknown 19a. INFORMANT'S NAME (Type/Print)													
2									Route Number, C				1010	
	Ruth Farson (Dat	ignter)						nue,	Balt				1213	
	1 X Burial 2 ☐ Cremation 3 ☐ Re	moval from State	20b.1	PLACE AND DATI tery, cremetory or	other place	OF DISPOSITION (Name of Disposition (Name of Dispos					TION — C			
1 M Burlel 2 Cremation 3 Removed from State Commettery, cremetory or other place) Commettery Comm									Maryland	_				
	Schimunek Funeral homes, Inc.													
Ш	3331 Brehms Lane, Baltimore, Md. 21213													
20	immediate cause (Final disease or condition resulting in desth) s. My & Cart of Inforce in Due to (or as a consequence of): Sequentially list conditions, DIE TO (or as a consequence of):									intarval Batw Onset and D	veen			
CENTIFICATION	if any, leading to immediata cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c. OUE TO	TO (OR AS A CONSEQUENCE OF):											
4	PART ii. Other significant conditi	ons contributing to	death bu	it not rasuiting	in the t	undariyi	ing causa	given in				WERE AUTOPSY FINDI		
Ś						1000000				YES 2	NO		COMPLETION OF CAUS OF OEATH?	SE
												1	YES 2 → 110	-
	DID TOBACCO USE	CONTRIBUT	E TO	CAUSE C	F DE									
1000	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ОТНЕ		PLACE OF D	EATH (Ch	eck only one)					
2	I TES 2 NO	1 Inpetient 2		-	4 🗆 No	ursing Ho		sidence	6 Other (Spi	ecify)				
	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE Of (Month, L		26b. Ti	ME OF JURY M	V	NJURY AT VORK? YES 2	NO	28d. OEŞCRIE	BE HOW INJ	URY OCCU	URED		
	2 Declarate	3 Suicide 6 Could not be 28e. PLACE OF INJURY — At home, farm, building, etc. (Specify)					fice		281. LOCATION		d Number o	or Rural Ro	ute Number,	
	29a. CERTIFIER (Check only	SICIAN: To the hard or	f my knowle	doe deet ar	mad et st	Home of	do and state		do the court	4				
	(Check only one) 2 MEOICAL EXAM												and manner as at-t-	
3	29b. SIGNATURE AND TITLE OF CERTIF	_			, 1119	opanoti,								rd,
	290. SIGNATURE AND TITLE OF CERTIF		211-					ENSE NUI		1	29d. DATE	SIGNEO (Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON N	MO COMPLETES COM	DE OF AL	TH (ITEM OF T				234	-		61	110/	17	
	Dr. Rubenstein,					V. B	ardio altim	logy ore	St., B	alto,	Md.	212	23	
	Dr. Rubenstein, Bon Secours Hosp., 2000 W. Baltimore St., Balto, Md. 21223 31. DATE FULSO APOIN 1994 32. REGISTRAR'S SIGNATURE													

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TRAR	CERTIFICATE OF DEATH REG. NO.		
DE YEAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE		
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		QI.	17119

Edward C. Fortman Edward C. Fortman A REC A ARE		1. DECEDENT'S NAME (First, Middle, L	Lesi)	OLITTI	ICATE OF	DEATH	2. DATE (REG. NO.		3. TIME OF DEATH
BOOL SCOUNTY NAMED IN SEX. S. ACE (In you as benous) S. CONT. TOWN OR LOCATION OF SEX. S. ACELTY NAME (IN COUNTY OF COUNTY OF SEX. S. ACELTY NAME (IN COUNTY OF COUNTY OF SEX. S. ACELTY NAME (IN COUNTY OF C		Edward C. Fo	rtman				MONTH	DAY		
THE POWER OF PRICE OF				(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE C	OF BIRTH	8. BIRT	HPLACE (State or Fore
THE PROPERTY AND ADDRESS OF DESCRIPTION OF CONTROL OF C		213-28-5036	1 ☑ M 2 □ F 64	YRS.	MONTHS DAYS	HOURS MIN.	Apr:	Day, Year) 11 17, 19	Cour	ntry)
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SECURITY SEC	OR				Balti	more		_		
Maryland ——— Baltimore 15 (2000 15 (2000) 15 (20	ECI			10c. CF	TY TOWN OR LOCA	ATION				T 104 INCIDE CITY
STREET AND NAMBERS 2000 Ode11 Avenue 10. Med December 1 10. Med Dece	OIR									LIMITS?
The property of the property o						Of. ZIP CODE		10g	CITIZEN OF	
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DECIDED TO THE PART II. Other significant conditions, in resulting in death) LAST Edward J. Fortman Wanda Unknown Wanda Wanda Wan	ETE	(Specify only highest)	grade completed)	(Give kind of	work done during n		100.	KIND OF BUSINES	SANDUSTRY	
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Edward J. Fortman Wanda Unknown The MALNIA ADDRESS (Store and Numbrow or Pural Pural Numbrow College City Park States, Zip Code) 280 TEMPERATE NAME (Typering) 280 FERROR of Road, Baltimore, Md. 21234 280 FERROR of Department of Pural Numbrow or Pural Pural Numbrow College City Park States, Zip Code) 280 FERROR of Road, Baltimore, Md. 21234 280 FERROR of Department of Pural Numbrow College City Pural Numbrow College City Pural Numbrow College City Pural Numbrow College City Pural Numbrow College City Pural Numbrow College College College College College College City Pural Numbrow College City Pural Num	NO.	17. FATHER'S NAME (First, Middle, Last	0			16. MOTHER'S N.				
TODO TODO	ш	Edward J. Fort	man			Wanda	Unkı	nown		
22. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 22. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23. NAS AND ADDRESS OF FRACTIFE ABU SE DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUE		19a. INFORMANT'S NAME (Type/Print)		19b. MAILING					., .,	
No. No.	-		sford (Friend)	2807	Emerald	Road, I	Baltin	nore, Md	. 212	234
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Schimunek Funeral Homes, Inc. 3331 Brehms Lane, Battimore, Md. 212 22. PART & Enter the diseases for complications that ceused the death. Do not enter the mode of dying, such as cerdiac or respiratory arreat, interval of the part failure. List only one cause on each line. IMMEDIATE CAUSE (Final Cause) DUE TO (OR AS A CONSEQUENCE OF): ALCOHOL AND CIGARETTE ABUSE DUE TO (OR AS A CONSEQUENCE OF): ALCO				lost Holy				B Balti	more,	Maryland
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30. NAME AND AND RESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) TIM PARSHALL, 2000 ODELL ST BALTIMORE, M.	COMPLETED BY PHYSICIAN: MEDICAL CE	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent cond 25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigat 3 Suicide 5 Could no detarmine 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER?	DUE TO (OR AS A DUE TO (OR AS	A CONSEQUENCE OF A CONS	OF): AND OF): 28. I OTHER: 4 Nursing Ho ME OF Street, fectory, offi	PLACE OF DEATH (C) me 5 healdence JURY AT ORK? YES 2 NO Ice ta and place, and du death occured at the	Part I. 5 Other 28d. DESc. City of	24a. WAS AN AUTO PERFORMED? 1 YES 2 N (Specify) CRIBE HOW INJURY ATION (Street and No. In Town, State)	PSY 24 O CCURED Imber or Rural s stated, to the cause	AMALABLE PRIOR TI COMPLETION OF CA OF DEATH? 1 YES 2 No.
JIM PARSHALL, 2000 ODELL ST BALTIMORE, M	BE COMPLETED BY PHYSICIAN: MEDICAL CE	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent cond 25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigat 3 Suicide 5 Could no detarmine 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER?	DUE TO (OR AS A DUE TO (OR AS	A CONSEQUENCE OF A CONS	OF): AND OF): 28. I OTHER: 4 Nursing Ho ME OF Street, fectory, offi	PLACE OF DEATH (Come 5 Alasidence JURY AT ORK? YES 2 NO lice Its and place, and du death occured at the 29c. LICENSE NU	Part I. Deck only one Deck one Deck only one Deck one Deck one Deck only one Deck one De	24e. WAS AN AUTO PERFORMED? 1 YES 2 N (Specify) CRIBE HOW INJURY ATION (Street and No. 7 Town, State) se(a) and menner a and place, and due	PSY 24 O CCURED Imber or Rural to the cause	AMALABLE PRIOR TO COMPLETION OF CA OF DEATH? 1 YES 2 No.
	BE COMPLETED BY PHYSICIAN: MEDICAL CE	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent cond 25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigat 1 Check only one) 2 MEDICAL EXAMINER? 29e. CERTIFIER Check only one) 2 MEDICAL EXAMINER? 29b. SIGNATURE AND TITLE OF CERTIFY INC. P. C.	DUE TO (OR AS A DUE TO (OR AS	A CONSEQUENCE OF A CONS	OF): AND OF): In the Underlyle 26. f OTHER: 4 Nursing Ho W 1 street, factory, off red at the time, dat on, in my opinion,	PLACE OF DEATH (Come 5 Assadence IJURY AT ORK? YES 2 NO lice Its and piece, and du death occured at the	Part I. Deck only one Deck one Deck only one Deck only one Deck only one Deck one De	24e. WAS AN AUTO PERFORMED? 1 VES 2 N (Specify) CRIBE HOW INJURY ATION (Street and No. 17 Town, State) 29d. 29d.	PSY 24 O CCURED Imber or Rural s stated, to the cause DATE SIGNE	Bb. WERE AUTOPSY FIN AWAILABLE PRIOR TO COMPLETION OF CA OF DEATH? 1 YES 2 NO Route Number, (e) and manner as sta
31. DATE FILED (Month, Day, Year) 32. BEGISTMAR'S SIGNATURE JULY DE HOUSEN HO	BE COMPLETED BY PHYSICIAN: MEDICAL CE	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significent cond 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigat 2 Accident 1 Investigat 3 Suicide 5 Could no detarmine 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINERS (Check only one) 2 MEDICAL EXAMINERS (Check only one) 1 CERTIFYING PORE) 30. NAME AND ANDRESS OF PERSON	DUE TO (OR AS A DUE TO (OR AS	A CONSEQUENCE OF A CONS	OF): AND OF): In the Underlyle 26. f OTHER: 4 Nursing Ho W 1 street, factory, off red at the time, dat on, in my opinion,	PLACE OF DEATH (Come 5 Assadence IJURY AT ORK? YES 2 NO lice Its and piece, and du death occured at the	Part I. Deck only one Deck one Deck only one Deck only one Deck only one Deck one De	24e. WAS AN AUTO PERFORMED? 1 VES 2 N (Specify) CRIBE HOW INJURY ATION (Street and No. 17 Town, State) 29d. 29d.	PSY 24 O CCURED Imber or Rural s stated, to the cause DATE SIGNE	Bb. WERE AUTOPSY FIN AWAILABLE PRIOR TO COMPLETION OF CA OF DEATH? 1 YES 2 NO Route Number, (e) and manner as sta

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DIVISION OF VITAL RECORDS, P.O. BOX 68760.	IAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with
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	1. DECEDENT'S NAME (First, Middle, Las	2)			OF DEA			EG. NO.		
	ANN	Е.	FITZ				2. DATE OF I	7,1994	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 213-03-8133		E (In yrs. last birthda)) IF UNDER	1 YEAR IF UND DAYS HOURS	ER 24 HRS.	7. DATE OF E (Month, Da	SIRTH	8. BIRTI Count	HPLACE (State or Foreign try) NY.
OR	so. FACILITY NAME (W not institution, give Meridian Nursin			9b. CITY,	Dundal			9c. COL	NTY OF E	
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUN	Baltimore		TY, TOWN O						10d. INSIDE CITY LIMITS? 1 YES 2 NO
ERAL	100. STREET AND NUMBER 7232 German Hil	1 Rd.			101. ZIP CO		21222	10g. CIT	USA	WHAT COUNTRY?
BY FUNI	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 1 NO	l II	NAS DECENDENT 1 yes, specify Cu	ben, Mexic	an, Puerto Ricar	pecify Yes or No— n, etc.)	14. RAC Blac Spec	E — American Indian, ik, White, etc.
LETED	15. DECEDENT'S EI (Specify only highest gra Elementary/Secondary (0-12)	OUCATION de completed) College (1-4 or 5+)		'S USUAL OC of work done d use retired.)	CCUPATION during most of wor	king	16b. KIN	ID OF BUSINESS/IN	DUSTRY	
COMPL	17. FATHER'S NAME (First, Middle, Last)	/	hom	<u>emake</u> i		THER'S N	AME (First, Middl	le, Maiden Surname)		
BE	19a. INFORMANT'S NAME (Type/Print)		19b MAH II	NG ADDRESS	(Street and Numb	ar or Burel	Bouts Number (City or Town, State, Zi	in Code)	
5	Pat Bourquin				cade Rd					
	20b. METHOD OF DISPOSITION 1 Date 20b. PLACE AND DATE OF DISPOSITION (Name of cametery, cremetory or other place) DATE 20c. LOCATION - City or Town, State 20b. PLACE AND DATE 20c. LOCATION - City or Town, State 20b. PLACE AND DATE 20c. LOCATION - City or Town, State 20b. PLACE AND DATE 20c. LOCATION - City or Town, State 20b. PLACE AND DATE 20c. LOCATION - City or Town, State 20b. PLACE AND DATE 20c. LOCATION - City or Town, State 20b. PLACE AND DATE 20c. LOCATION - City or Town, State 20c. LOCATION - City or Town, Sta									
	21. SIGNATURE OF TUNERAL SERVICE-	CENSEE		22.1	Cvach 1211	/Rose		uneral H		
	23. PART I. Entar the diseases, o	r complications that caus								
	shock, or heart failur. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. List only one cause on	aach ilna.	she	Vacc				reat,	intarvai Bet
RTIFICATION	shock, or heart feilure iMMEDIATE CAUSE (Final disease or condition	a. List only one cause on DUE TO (OR AS C.	sach lina.	Lhc on: 300					reat,	intarvai Bet
MEDICAL CERTIFICATION	shock, or heart failure immediate cause. Enter UNDERLYING CAUSE (Pinel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. Due to (or as out to do as o	S A CONSEQUENCE	The on:	Vasc	ula	1) Also			Approximate interval Betwood Onset and Done of
MEDICAL	shock, or heart failure immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death)	a. Due to (or as out to do as o	S A CONSEQUENCE	OF): OF):	Vacc	ula	1 Part I. 24	LOCAL		interval Betw Onset and D D. WERE AUTOPSY FIND AMILABLE PRIOR TO COMPLETION OF CAU OF DEATH?
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AL	shock, or heart fellur. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other significant conditions and the conditions of the conditio	a. DUE TO (OR AS b. DUE TO (OR AS c. DUE TO (OR AS d. Ona contributing to death HOSPITAL: 1 Inpatial: 2 ER/O 28e. DATE OF INJUR (Month, Day, Year	S A CONSEQUENCE S A CONSEQUENCE S A CONSEQUENCE S Dut not resulting ulpetient 3 DOA Y 285. 1	OF): OF): OF): OTHER 4 Nurs Nurs Nurs Nurs Nurs Nurs Nurs Nurs	26. PLACE OF 1: ling Home 5 - 28c. INJURY AT WORK? 1 - YES 2	p given in	1 Part I. 244 1 [heck only one) 8 Other (Sc 28d. DESCRI	LOCAL NAS AN AUTOPSY PERFORMED? YES 2 NO DOCTOR DOCTOR NO NO NO NO NO NO NO NO NO	24t	b. WERE AUTOPSY FINE AMILABLE PRIOR TO COMPLETION OF CAL OF DEATH? 1 YES 2 NO
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D BY PHYSICIAN: MEDICAL	shock, or heart fellur. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other significant conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation Suicide 8 Could not be datermined. 29e. CERTIFIER (Check only) 1 CERTIFYING PHY	a. DUE TO (OR AS b. DUE TO (OR AS c. DUE TO (OR AS d. DUE TO (OR AS (Month, Dey, Year 1) 28e. PLACE OF INJUR (Month, Dey, Year 1) 28e. PLACE OF INJUR (Month, Dey, Year 1) (SICIAN: To the best of my knowners)	ach line. S A CONSEQUENCE S A CONSEQUENCE S A CONSEQUENCE B but not resultin ulpetient 3 DOA Y 28b. 1	OF): OF): OF): OF): OF): OTHER 4 Nurs IME OF NJURY M n, streel, factor arred at the the	derlying cause 26. PLACE OF 1: 10 YES 2 29c. INJURY AT WORK? 1 YES 2 20ry, office me, date and pla pinion, death occ	DEATH (C) Residence NO Ca, end ductured at the	1 Part I. 244 1 [1 Part I. 244 28d. DESCRII 28f. LOCATIO City or 7c	A. WAS AN AUTOPSY PERFORMED? YES 2 NO NO (Street end Number Nown, Stete) No end manner ee stet place, and due to t	24th CCURED or or Rural sted. tha ceuse(interval Bet Onset and I D. WERE AUTOPSY FINI AMILABLE PRIOR TO COMPLETION OF CA OF DEATH! 1 YES 2 NO Route Number,

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within X—Fours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.						
	1. DECEDENT'S NAME (First, Middle, Last)	Gillian			2. DATE OF DEATH		S. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 214 - 86 - 8837	5. SEX 6. AGE (In yrs. II			7. DATE OF BIRTH (Month, Day, Year)	-67	BIRTHPLACE (State or Foreign Country) BA H NORE
TOR	9a. FACILITY NAME (If not institution, give str	reet and number)	96. CITY, TO	HI MORE		9c. COUNTY	
DIRECTOR	10a. STATE 10b. COUNTY		10c. CITY, TOWN OR LO		ATY		10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	100. STREET AND NUMBER 1028 WOLF	STREET		101. ZIP CODE 21205		10g. CITIZEN	OF WHAT COUNTRY?
B⊀	11. MARITAL STATUS 1 Never Married 2 Married 2 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. A FORCES? 1 TYES 2 IF YES, GIVE WAR OR DATES	NO If you	DECENDENT OF HISPAI I, specify Cyban, Mexica YES 2 X NO Specif		n or No — 14.	RACE — American Indian, Black, White, etc.
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elamentary/Secondary (0-12)	completed) (DECEDENT'S USUAL OCCUP Give kind of work done during to. Do NOT use retired.)	g most of working	16b. KIND OF BU		TRY
	17. FATNER'S NAME (First, Middle, Last)		HST FOOD	18. MOTHER'S NA	ME (First, Middle, Malden	NOW:	N
38 6	19e. INFORMANT'S NAME (hype/Print)	<u>n</u>	9b. MAILING ADDRESS (Str	VERO	NICA Route Number, City or Tow	n, State, Zip Coo	URNE!
5	EARL GIL 20a. METHOD OF DISPOSITION	LIAM 4	1302 CL	ARFWAY	BAITIMO	RE, MI	0,21213
	1 Suriel 2 Cremetion 3 Ramon 4 Donation 5 Other (Specify)	val from State cemetery, co	remetory or other place)	MF-TF-RI/	6-10-94 BA	CATION — CHY	or Town, Stata
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE D. Br) JOS	EAND ADDRESS OF FA EPH H. BR 3 W. BALTI	OWN JR. FU	NERAL BALTIM	HOME, P.A. IORE, MD. 21223
	23. PART I. Enter the diseases, pr conshock, pr heart failure. L. IMMEDIATE CAUSE (Final disease pr condition resulting in death)	omplications that caused tha dist only one cause on sech lin	» ▶	moda of dylng, suc	h as csrdlac or resp	ratory arrest	, Approximata Interval Between Onset and Death
CERTIFICATION	Sequantially list conditions, if sny, isading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated avants resulting in daath) LAST	DUE TO (OR AS A CONSE					
AL CE	PART II. Other significant conditions	contributing to death but not	resulting in the under	ving cause given in	Part I. 24s WAS AN	AUTOBEY	
MEDIC				, mg coude given in	PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL		26	. PLACE OF DEATH (Che	ock only one)		
IYSIC	1 YES 2 WHO	HOSPITAL: 1 Inpetient 2 ER/Outpetient :	OTHER	lome 5 - Residence			
ВУ РН	27. MANNER DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	INJURY	INJURY AT WORK? YES 2 NO	28d. DEŞCRIBE HOW II	JURY OCCURE	ED
	3 Suicida 6 Could not be determined	28a. PLACE OF INJURY — At he building, etc. (Specify)	oma, farm, street, factory, o	ffica	281. LOCATION (Street a City or Town, State)	nd Number or R	lural Route Number,
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:	AN: To the beat of my knowledge, do On the beals of examination and/or	esth occurred at the time, o	iste and piece, end due	to the cause(a) and men	ner ea stated. d due to the ca	use(a) and manner as stated.
TO BE	295 SIGNATURE AND TITLE OF CONTIFIER	in MA		29c, LICENSE NUM 0430	18ER 159	29d. DATE SIG	GNED (Month, Day, Year)
	100x 165,	COMPLETED/CAUSE OF DEATH (ITE	EM 27) (Type, Print)	Bal	to M	121	1201
	JUN 1 0 1994	32. REGISTRAR'S SIGNATURE			7		*

TIMORE, MARYLAND 21215-0020

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2	PHYSICIAN:	
DIVISION OF VILAL RECORDS, P.O. BOX 68760,	HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Jours after death,	
2	HOSPITAL 0	

	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Las	set .	CE	RTIFICAT	E UF	DEATH	_	REG. NO			
- 3							2. DAT MON	E OF DEATN	AY	YEAR	S. TIME OF DEATN
1	Edward Earl Goth		AGE (In yrs. lest	t hirthrian) IE IIII	ER 1 YEAR	IF UNDER 24 I	O(E OF BIRTN			2340_ LACE (State or Foreign
	301-07-0274	1 M 2 F	75	YRS. MONTH	7		IN. (Moi	nth, Day, Year)		Country)	
	9a. FACILITY NAME (If not institution, giv	A	15	9b. CI	Y. TOWN	OR LOCATION		or 9 19		Ken	tuckey
Ę	Naval Hospital				Dath						
5	RESIDENCE OF DECEDENT					esda			l jv	ontg	omery
DIRECTOR	10a. STATE 10b. COU	NTY		10c. CITY, TOWN	OR LOCA	TION				1	0d. INSIDE CITY LIMITS?
	Virginia 100. STREET AND NUMBER			Al	exand	r ZIP CODE			I		YES 2 NO
Y					10		l.		10g. CITIZ	EN OF WH	AT COUNTRY?
FUNERAL	801 N Pitt Str	12. WAS DECEDENT EV	VER IN U.S. ARI	MED 1	. WAS DEC	2231 ENDENT OF N		IN? (Specify Ye	s or No.	USA 14. RACE -	- American Indian
	1 Never Married 2 Married	FORCES? 1 I	YES 2 N		If yes, sp	ecify Cuben, N				Black, Specify:	- American Indian, White, atc.
BY	3 Widowed 4 Divorced					- 12	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				HITE
ב	16. DECEDENT'S E (Specify only highest gra		16a, DE(CEDENT'S USUAL ive kind of work dor Do NOT use retired	OCCUPATION OCCUPATION	ON ost of working	10	Sb. KIND OF BU	SINESS/INDU	ISTRY	
'LET	Elementary/Secondary (0-12)	College (1-4 or 8+)									
COMPL	17. FATHER'S NAME (First, Middle, Last)	5	Per	sonnel	Mana		D NAME (T)	U.S. Middle, Maiden	Gov	Ĺ	
	Edward Earl	Gotherman S	r.			IO. MUTHER		ie Esth		mm	
2	19a. INFORMANT'S NAME (Type/Print)			. MAILING ADDRE	SS (Street	and Number or i					
2	Elisa G Goth	erman		801 N 1						,	
	20a. METHOD OF DISPOSITION		20b. PLACE	AND DATE OF DISP			1		CATION — C	ity or Tow	n, Stata
	1 Denation 5 Other (Specify)	emoval from State	cemetery, cres	matory or other place Quantice	Mat	ional	(10	me	Пъз	angl	AVA
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE		2	. NAME A	NO ADDRESS	OF FACILITY	1994		- A.I.	U 111
	DO1 -	00	1					cley Fu	neral	Hom	е
	- 109CM	C (1	ieix	ey				dock F			VΔ
	23. PART I. Enter the diseases, of shock, or heart failur	e. List only one ceuse	on each line	ath, po not ent	er the mo	ode of dying.	auch aa ca	rdiac or reap	iratory arre	st,	Approximate Interval Bets
	IMMEDIATE CAUSE (Final disease or condition	G 14	2	V							Onset and E
	resulting in death)	m ·	OULMONA AS A CONSEC	ary Arre	st						-
		-	AS A CONSEC	JUENCE OF J.							
5	Sequentially list conditions, if any, leading to immediate	b. DUE TO (OR	AS A CONSEC	DUENCE OF):							†
3	cause. Enter UNDERLYING	c									
CERTIFICATION	CAUSE (Disease or Injury thet initiated events	DUE TO (OR	AS A CONSEC	QUENCE OF):							
Y L	resulting in deeth) LAST	d									
2	PART II. Other algolficant condit	iona contributing to de	ath but not r	esulting in the	underlyin	g cause give	n In Part I.	24a. WAS AF	AUTOPSY	24b. \	VERE AUTOPSY FINI
CAL								PERFO			WAILABLE PRIOR TO
<u>a</u>								1 🗌 YES	z ĽŽ(MO		OF DEATH?
2			1-1-1-1			Val.					
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL				28. P	LACE OF DEAT	H (Check only	one)			
Sic	EXAMINER?	HOSPITAL: 1 N Inpatient 2 □ EF	R/Outpatient 3	DOA 4 N		ne 5 🗆 Rasid	ence 6 🗆 Ot	her (Specify)			
E	27. MANNER OF DEATH	28a. DATE OF INJ (Month, Day,		28b. TIME OF INJURY	28c. IN.	JURY AT	_	ESCRIBE HOW	INJURY OCC	URED	
BY	1 Natural 5 Pending 2 Accident Investigation			M		YES 2 N	0				
	3 Suicide 6 Could not		JURY — At ho (Specify)	me, farm, street, f	ctory, offic	ca		CATION (Street by or Town, State		or Rural Ro	ute Number,
FIED	4 Homicide determined										
P		YSICIAN: To the best of my	knowledge, da	ath occurred at th	time, data	s and place, an	d due to the d	euse(a) and ma	nner as state	d.	
Σ	000)	INER: On the basis of exem	ination and/or i	investigation, in m	opinion,	death occured	at the time, de	ita and place, a	nd due to the	cause(a)	and manner as star
OI											
ш	296, SIGNATURE AND TITLE OF CERTIF	FIER (-//)				29c. LICENS	E NUMBER		29d. DATE	SIGNED (Month, Day, Year)
TO BE COMPL	296, SIGNATURE AND TITLE OF CERTIF	. Williams	und			VA 010		1.5			Month, Day, Year)

National Naval Medical Center, Bethesda

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

JUN 1 0 1994

BALTIMORE, MARYLAND 21215-0020	. DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit hours after death with the State Deor. of Health and Mental Hygiene prior to burial, cremation, or removal.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760.	that the death certificate be executed with	DIRECTOR: After this certificate has been signed by the attending physician and completely illied in by the fi hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	
DIVISION OF VITAL RECC	DR ATTENDING PHYSICIAN: The law requires t	DIRECTOR: After this certificate has been signe nours after death with the State Dept. of Health	

HOSPITAL

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2 2 3

31. DATE FILED (Month, Day, Year)

32. HEGISTRAR'S SIGNATUR

Pages 1, 2, 3 should

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF OEATH MONTH 3, TIME OF DEATH 1994 530 8 Hunter Willie b M 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year) 8-15-1947 5. SEX 6. AGE (In yrs. last birthday) F UNDER 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN. 242-78-7751 1 X M 2 - F 46 North Carolina 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF CEATH DIRECTOR 1309 W. Lombard Street Balto 10a. STATE 10b. COUNTY 10c. CITY, TOWH OR LOCATION 10d. INSIDE CITY LIMITS? Md Baltimore 1 X YES 2 NO FUNERAL 10e STREET AND NUMBER 101. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? US 21223 1309 Lombard St. #1 Residence 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yea, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE - American Indian, Black, White, etc. 1 Never Married 2 Married BY 3 Widowed 4 Divorced Black COMPLETED 15. DECEDENT'S EDUCATION 18a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high ast of working (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 12 Maintenance 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Woodall Hunter Almettes Jones notified at BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Jacqueline Hunter 1309 Lombard St. Balto., Md. 21223 pe 20a_METHOD OF DISPOSITION
1 ABurisi 2 Cremation 3 Removal from State 20c. LOCATION - City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of OATE must ery, crematory or other place)
Zion Cemetery 4 Donation 5 Other (Specify) Mt Landsdowne, Maryland examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Derrick C. Jones F.H. 1)emc/C 4611 Park Heights Ave. Balto., Md.15 medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory strest, shock, or heert failure. List only one ceuse on each lina. Interval Batwe IMMEDIATE CAUSE (Finel Onset and Death the Esophageal Concer Metastatic disease or condition_ DUE TO (OR AS A CONSEQUENCE OF): reaulting in dasth) event, traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If sny, leading to immediata ceuse. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in desth) LAST 6 Injury, PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part i. PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO any COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO Shows 1 YES 2 NO 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) HOSPITAL OTHER: 1 TYES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 ☐ Nursing Home 5 N Residence 6 ☐ Other (Specify) 0 28a. OATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCURED marked. 1 Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident
3 Suicide 28e. PLACE OF INJURY — At home, farm, street, lectory, office building, stc. (Specify) 69 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be hours after Item 28 is 4 Homicide 1 To CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated. TO THE FUNERAL I be fied within 72 h IMPORTANT: If It (Check only one) MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occured at the time, date end place, and due to the ceuse(s) and menner ee stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE Maler, MI) 6/7/94 045/02 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)
Bassam Matar, Mb University of mary land concer center 225. Greene St. Bultimore nun,

DHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21215-0020	ith. Page 6 may be retained by the hospital or attending physicia
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ON OF VITAL RECORDS, P.O. BOX 68760,	SICI
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hospital or attending physician. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that

-	FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE REG. NO.

	REGISTRAR		CERTIFIC	CATE OF DEATH	REG. NO).	
	1. DECEDENT'S NAME (First, Middle, Lest)	ETHEL MAE	HAGELIN		2. DATE OF DEATH	XAY YE	
	4. SOCIAL SECURITY NUMBER			IF UNDER 1 YEAR IF UNDER 24 HF ONTHS DAYS HOURS MIT	44-4 0-14-4	7 50	BIRTHPLACE (State or Foreign Country) DUTH CAROL
TOR	9e. FACILITY NAME (If not institution, give HANDON HOSPI RESIDENCE OF DECEDENT		(ECF)	BALL. M	FDEATH	9c. COUNTY N/A	OF DEATH
DIRECTOR	10e. 8TATE 10b. COUNT	NNE ARUNDE		TOWN OR LOCATION GLEN BURNIE			10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 104 POINT PLEA	SANT ROAD		101. ZIP CODE 21061		U.S.	OF WHAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Merried 2 Married MXWidowed 4 Divorced	12. WAS DECEOENT EVER IF FORCES? 1 YES	2 NO		SPANIC ORIGIN? (Specify Yoxican, Puerto Rican, stc.) secify:		RACE — American Indian, Black, White, etc. Specify: WHITE
PLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12) 1 2		life. Do NOT use i	rk done during most of working		ISINESS/INOUST	RY
E COMPL	17. FATHER'S NAME (First, Middle, Last) WALKER DAVIS				NAME (First, Middle, Maide	n Surname)	VHITE
TO BE	19a. INFORMANT'S NAME (Type/Print) DONA L. BURKIN	DINE	196. MAILING AT 104	OORESS (Street and Number of Ri POINT PLEAS	Iral Route Number, City or To	on, State, Zip Coo	21061 BURNIE, MD.
	20s. METHOD OF DISPOSITION O Burtal 2 Commation 3 Ren 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE U	novel from State	b. PLACE AND DATE OF CIPE VETER	ANS CEMETER		OWNSVI	ILLE, MD.
	Senton	Dienen/4	nu	GLEN BURNI	IVENUE, S. E. MARYLA	W. ND 210	061
	23. PART I. Enter the diseases, or shock, or heart feilure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one couse on e	Faulur A CONSEQUENCE OF):	e.			Interval Batw Onset and D
SERTIFICATION	Sequentisily list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST	c	A CONSEQUENCE OF):	pulmos	rary Dis	rease	
N: MEDICAL C	PART II. Other significant condition Rectal	ns contributing to death the property of the p	out not resulting in	the underlying cause given	. DEDEC	RMED?	24b. WERE AUTOPSY FINOI AMAILABLE PRIDE TO COMPLETION DF CAUS OF DEATH? 1 YES 2 NO
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		28. PLACE OF OEATH OTHER: Nursing Home 5 Resider			
РНУ	27. MANNER OF DEATH 1 Netural 5 Pending	26e. DATE OF INJURY (Month, Day, Year)	28b. TIME (OF 28c. INJURY AT	28d. DESCRIBE HOW	INJURY OCCUR	0
TED BY	2 Necident investigation 3 Suicide 6 Could not be datermined	26e. PLACE OF INJURY building, atc. (Spe	Y — At home, term, stre		26t. LOCATION (Street City or Town, State		lural Route Number,
OMPLE				at the time, date end place, and in my opinion, death occured at			use(e) end menner ee state
O BE CO	29b. SIGNATURE AND TITLE OF CERTIFIE	2 Sittle	Magh	lee NV).			GNED (Month, Day, Year)
10	30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CAUSE OF DE	EATH (ITEM 27) (Type, P	Harbor	Hosp.	-	
	31. DATE FIXED (HOOM) DAGGOVA	A RESTRACTS SIC	Mandete.				

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	Pages 1	
physician.	burial-transit permit.	
r attending	use as the	
he hospital o	detached for	
retained by t	5 should be	
6 тау be	ctor, page	
eath. Page	uneral dire	
nours after de	lled in by the f	n, or removal.
cuted within	d completely fi	urial, cremation
ficate be exec	physician and	ne prior to bu
enti	Bus	die

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within nours after death. Page 6 may be retained by the hospital or attending physicia	after death. Page 6 may be retained by the hospital or attending physici
TO THE FUNERAL DIRECTOR: After this cartificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-to	y the funeral director, page 5 should be detached for use as the burial-
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	noval.
IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	cal examiner must be notified at once.

	REGISTRAR		CE	RTIF	CATE C	F DEA	TH		REG. NO			
	1. DECEDENT'S NAME (First, Middle, Las	t)						2. DATE C	OF DEATH			3. TIME OF DEATH
1 1	Andrew J. He	trick						MONTH	6 a	8 PAY	PAR	1201 AM
1 1	4. SOCIAL SECURITY NUMBER				115					-		
1 1			. AGE (In yrs. las		MONTHS DA		FI 24 HRS.	7. DATE O	Dev. Year)		6. BIRTI Count	HPLACE (State or Foreign
1 1	213-10-7377	1 🔀 M 2 🗌 F	77	YRS.	WONTHO DA	HOURS	mire.	Feb.	Day, Year) 1	.917		ryland
1 1	9s. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF CEATH											
C	225 Brightside	Avenue				kesvil					Balt	imore
DIRECTOR	RESIDENCE OF DECEDENT									<u> </u>		
입	10e. STATE 10b. COUN	ITY		I too CIT	r. TOWN OR LO	CATION						AND THE STATE
=	Maryland B	altimore		100.011	Pikes							10d. INSIDE CITY LIMITS?
	- 7	altimore			TIRES	VIIIC						1 YES 2 NO
4	10e. STREET AND NUMBER					10f. ZIP COL				10g. CIT	IZEN OF	WHAT COUNTRY?
FUNERAL	225 Brightside	Avenue				21	L208				U.S	.A.
	11. MARITAL STATUS	12. WAS DECEDENT I	EVED IN ILE AD	MED	40.990	DEGENDENT	05 1110011		- 14 H		l	
교	1 Never Married 2 Married	FORCES? 1	YES 2 N	NO.	IS. WAS	DECENDENT	en, Mexica	NIC ONIGIN? In, Puarto Ri	(Specify Yes	s or No-	14. RAC	E — American Indian, k, White, atc.
B	3 Widowed 4 Divorced	IF YES, GIVE WAF	OR DATES			YES 2 X NO						"White
		WWII								44		WILLE
	15. OECEDENT'S ED (Specify only highest gra	DUCATION ode completed)	16a. DE	CEOENT'S	USUAL OCCUP	ATION		166.	KIND OF BU	SINESS/IN	DUSTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5 +)	life.	Do NOT us	e retired.)	I MOSE OF WORK	ing					
리리	12 Years		Car	pent	er			Hı	ighes	& Sm	ith	Co.
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		002	Pene		40.040			iddle, Maiden			
ŭ										Surname)		
H	Lee S. Hetrick							A. Hei				
5	19a. INFORMANT'S NAME (Type/Print)		191		ADDRESS (Str							
F	Mrs. Thelma A.	Hetrick		225	Bright	side A	Avenu	ie P	ikesvi	ille,	MD	21208
	20s, METHOD OF DISPOSITION		20b. PLACE		F DISPOSITION			DATE		CATION —		nwn State
	1 N Buriel 2 Cremetion 3 Re 4 Donation 5 Other (Specify)	moval from State	cemetery, cre	matory or o	ark Ce	motor	6					Maryland
	21. SIGNATURE OF FUNERAL SERVICE	Interiore	TLOTTa.	THE I				-	4 10	outa	w11, 1	inti y Land
1 1	The state of rone of service	LIGENSEE				ing By			co 1 D-	iroct	orc	Inc
	► MMM	vun	>			-	•					
\vdash	1000				8/2	8 Libe	erty	Koad	Kano	aarrs	COWI	
+	21 PART I Enter the diseases, o shack, or heart fallun	e. List only one cause	on aach iina	ath. Do r	ot antar tha	moda of d	ying, auc	h aa cardi	ac or resp	iratory ar	rest,	Approximata interval Between
1 1	IMMEDIATE CAUSE (Final											Onset and Daath
	disease or condition	I	ma	Comm								6 months
	resulting in death)	DUE TO (O	R AS A-CONSE	DUENCE OF	7:							0 111111113
-	DUE TO (OR AS A-SONSEQUENCE OF):											
CERTIFICATION	Sequentially list conditiona,	b. DUE TO (O	R AS A CONSEC	DUENCE OF								
F	if any, leading to immediata cause. Entar UNDERLYING	(•			,							i
유	CAUSE (Disease or Injury	C. DUE TO (O	R AS A CONSEC	DIJENCE OF								
ΙĒΙ	that initiated eventa resulting in death) LAST	202 10 (0	n AS A CONSE	JOENCE OF	7).							i
E		d										
	PART ii. Other aignificant condition	one contributing to de	noth hut not a	e estable est	m Alba samalani	des sous	ation to	D-41				
EDICAL	The state of the s	ona contributing to di	adii but iiot i	acutting	n the unuan	ying cause	given in	Part I.	24a. WAS AN PERFOR		246	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
									1 YES 2	NO		COMPLETION OF CAUSE OF DEATH?
画												1 YES 2 NO
Σ.	DID TOBACCO USE	CONTRIBUTE	TO CALL	SE OF	DEATH	YES I	Z NC					
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	1		<u> </u>								
ᅙ	EXAMINER?	HOSPITAL:	7-2		OTHER:	B. PLACE OF	DEATH (Ch	eck only one)			
ΥS	1 - YES 2 - NO	1 Impetient 2 E		□ DOA	4 - Nursing		fesidenca	6 🗌 Other	(Specify)			
표	27. MANNER OF DEATH	28a. DATE OF IN (Month, Day,	JURY Year)	28b. TIM	E OF 28c	INJURY AT WORK?		28d. DESC	PIBE HOW I	NJURY OC	CURED	
BY	1 Natural 5 Pending 2 Accident Investigation	n			M 1	YES 2	□ NO					
0	3 Suictde 8 Could not b	28e. PLACE OF	NJURY - At ho	me, ferm, s	treet, factory,	office		281. LOCA	TION (Street	and Numbe	or or Rural	Route Number,
	4 Homicide datarmined	building, at	c. (Specify)				- 1	City o	Town, State)			
<u> </u>	29a. CERTIFIER				_			10.000				
릴	(Check only	YSICIAN: To the best of m										
COMPLETE	one) 2 MEDICAL EXAMI	NER: On the beels of axer	mination and/or i	Investigatio	n, in my opinio	n, death occu	ured at the	tima, data a	ind place, ar	nd due to ti	he cause(e) end manner as stated.
1 1	29b. SIGNATURE AND TITLE OF CERTIF	IER				29c, LIC	ENSE NU	MAER		29d DAT	TE SIGNET	(Month, Day, Year)
H	Frank DI+	J. C. 71. 17		Di		TO	421	122	10	1	101	G(1
2	30 NAME AND ADDRESS OF GERSON	NO CONTRACTOR	AN OF		nysician	~ LU.	77	D		(010	17
	30. NAME AND ADDRESS OF PERSON V	THO COMPLETED CAUSE	OF WEATH (ITE	M 27) (Type,	PTIM)	_ 1	().	7	11		1	0,000
	1010 CLUP	iouct /	a.	TIL	0 3	26	YI	129	YHI	MC	a.	WION X
1 4	31. DATE FILED (Month, Day, Year)	32 REGISTRAR	S SIGNATURE				1000				C	
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

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IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL		TMENT OF H		ENTAL HYGIEN	_		
	1. DECEDENT'S NAME (First, Middle, Last)			<u> </u>		2. DATE OF OEATH		3. TIME OF DEATH	
	Joseph A. Iannan	tuono			J	June 8, 1	994 YEA	2:30 A. M	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign					
	216-09-3113 9a. FACILITY NAME (If not institution, give st	1 ☑ M 2 ☐ F 75	HOURS MIN. Z	April 9, 1919 Maryland					
DIRECTOR	8345 Carrbridge C	ircle			Balti	more County			
E	10a. STATE 10b. COUNTY		ION			10d. INSIDE CITY LIMITS?			
	Maryland Balti				1 TES 2 NO				
FUNERAL	8345 Carrbridge C	iralo		171	21204		U.S.A	OF WHAT COUNTRY?	
3	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMED		ENDENT OF HISPANIC	ORIGIN? (Specify Yes		ACE — American Indian,	
BY FL	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 17 YES IF YES, GIVE WAR OR DA WWII	2 NO	If yes, sp	ecity Cuban, Mexican, 2 NO Specify:		S	pecily:	
<u>E</u>	15. DECEDENT'S EDUC (Specify only highest grade	CATION	18a. DECEDENT'S			16b. KIND OF BUS			
COMPLETED	Elementary/Secondary (0-12) 12th Grade	College (1-4 or 5+)	Mixolog		st or working	B.W.I. H Internat	Host tional		
S	17. FATHER'S NAME (First, Middle, Last)				1113	(First, Middle, Maiden	Sumame)		
H	Domenic Iannantuo	no				na Romano			
2	19a. INFORMANT'S NAME (Type/Print) Susan I. Whitting	ton			nd Number or Rural Acq ad, Berli				
	20a. METHOD OF DISPOSITION	20h	PLACE AND DATEO				CATION — City o		
	1 Buriel 2 Cremation 3 Bame 4 Donation 5 K Other (Specify)	tombment D	ulaney V	alley		1		Maryland	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE A			D ADDRESS OF FACIL				
	athler	m. hurs	Lin	6415 E	Belair Roa	d, Baltin		aryland 21206	
NOI	23. PART I. Enter the diseases, or cahock, or heart failure. I IMMEDIATE CAUSE (Finel disease or condition resulting in death)	B. DUE TO (OR AS A	CONSEQUENCE OF	livi	War	as cardiac or respi	iratory arrest,	Approximate interval Between Onset and Death	
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initisted events resulting in dasth) LAST								
A	PART II. Other significant conditions	s contributing to death be	ut not reaulting in	n the underlying	cause given in Pa	ert 1. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
PHYSICIAN: MEDIC						1		COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
AN	25. WAS CASE REFERRED TO MEDICAL			26. Pt	ACE OF DEATH (Check	conly one)			
SIC	EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Outp	etient 3 🗆 DOA	OTHER: 4 Nursing Hom	5 Apsidence 8	Other (Specify)			
ВУ РН	27. NANNED OF DEATH Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	JRY WO	URY AT 2 RK? 'ES 2 NO	ed. OESCRIBE HOW I	NJURY OCCURE		
	3 Suicide 8 Could not be determined	28a. PLACE OF INJURY building, atc. (Spec	— At home, lerm, s	tree1, factory, offic	2	6f. LOCATION (Street a City or Town, State)	and Number or Ru	ral Route Number,	
COMPLETE		CIAN: To the best of my knowl R: On the basis of examination						se(s) and manner as stated,	
TO BE C	296. SICHATURE AND THE OF CHITIFIER				29c. LICENSE NUMBI	56	29d. DATE SIG	S QL Year)	
	I malter	COMPLETED CAUSE OF DE	0, 18	DN 8	reens	+ Ba	26-1	nd21201	
	31. DATE FILED (Month, Day, Year) JUN 1 0 1994	32. HEGISTRAR'S SIGN	And M	ii.				DHMH-16 Rev 1/89	

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BALTIMORE, MARYLAND 21215-0020

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a hours after death. Page 6 may be retained by the hospital or attending physician.

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	REGISTRAR		CERTI	FICATE C	F DEATH	REG. NO						
l li	1. DECEDENT'S NAME (First, Middle, Last)			<u> </u>		2. DATE OF DEATN			3. TIME OF DEATN			
17	TERRY		JON	ES		6 1	1	9 9 4	м			
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs, last birthday) IF UNDER 1 YE	IR IF UNDER 24 HRS.	7. DATE OF BIRTH			LACE (State or Foreign			
- 8	215-04-0519	1 🙀 M 2 🗆 F	27 YRS.	MONTHS DAY		8-14-1966		Country) MARY	1100			
	9e. FACILITY NAME (If not institution, give s			9b. CITY, TOV	N OR LOCATION OF D	EATH	9c. COUNTY OF DEATN					
DIRECTOR	2813 MAISEL STREE	T]1	BALTIMORE	CITY						
E	10e. STATE 10b. COUNTY	1	10c. C	ITY, TOWN OR LO	CATION			10	10d. INSIDE CITY			
	MARYLAND]	BALTIMORE	CITY			LIMITS?			
FUNERAL	100. STREET AND NUMBER 2813 MAISEL STRE	ET			101. ZIP CODE 212	.30	_	USA.				
FUN	11. MARITAL STATUS 1 Never Merried 2 Merried	12. WAS DECEDENT EVER FORCES? 1 YES	2 NO	It yes	, specify Cuben, Mexic		or No-		- American Indian, White, etc.			
В	3 Widowed 4 Divorced	IF YES, GIVE WAR OR	DATES	1 -	YES 2 X NO Speci	Ny.		Specify BLAC				
	15. DECEDENT'S EDU (Specify only highest grade		18e. DECEDENT (Give kind o	'S USUAL OCCUP of work done during use retired.)	ATION most of working	16b. KIND OF BU						
COMPLETED	Elementary/Secondary (0-12) 10th GRADE	College (1-4 or 5+)		DRER		WAREH	OUSE					
OM	17. FATNER'S NAME (First, Middle, Last)		22		18. MOTHER'S NA	AME (First, Middle, Maiden						
BE C	THOMAS JO	NES JR.			DOROTHY	. P		AL	STON			
5	19e. INFORMANT'S NAME (Type/Print)	-				Route Number, City or Tow						
-	ROSA KNOX					BALTIMORE,						
	20e. METNOD OF DISPOSITION 1 X Buriel 2 Cremation 3 Rem 4 Donetion 5 Q Other (Specify)	oval from State C6	h. PLACE AND DAT Imetery, crematory of IT. ZION	other placel		DATE 20c. LO						
- 4	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSRE	TI. ZION	22, NAM	AND ADDRESS OF FA							
	· Charle	-1200		1		BROWN JR. FUNERAL HOME, P.A. LTIMORE ST., BALTIMORE, MD. 21223						
	23. PART i. Enter the diseases, pr	complications that cause	ed the deeth. Do						Approximete			
	shock, or heart fellure. IMMEDIATE CAUSE (Finel								intervei Between Oneet end Death			
	disease or condition resulting in death)	· RESP	LAPTORY	FA	LURE							
-	DUE TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	if any, leading to immediate											
CA	If any, leading to immediate csuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
#	CAUSE (Disease or Injury that initiated events put to (or as a consequence of): resulting in death) LAST											
CE	d											
DICAL	PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY PERFORMED? 24b. WEF											
LL I	PERFORMED? 1 YES 2 NO OF DEATH? OF DEATH?											
M	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO NO											
AN	25. WAS CASE REFERRED TO MEDICAL				. PLACE OF DEATN (C/	neck only one)		1				
SIC	EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Ou	tpatient 3 DOA	OTHER:	iome 5 Sesidence							
PHYSICIAN:	27. MANNER OF DEATN	28e. DATE OF INJURY (Month, Day, Year)			INJURY AT WORK?	28d. DESCRIBE HOW I	NJURY OCC	URED				
ВУ	1 Natural 5 Pending 2 Accident Investigation				YES 2 NO							
COMPLETED	2 Accident 3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, term, street, fectory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route No. City or Town, State)								ute Number,			
PLE	29e. CERTIFIER	CIAN: To the best of my kno	wledge, death occu	rred at the time.	late end piece, end du	to the couse(e) end me	nner ee state	ıd,				
MO		R: On the basis of examinati							end menner ee stated.			
ш	296. SIGNATURE AND TITLE OF CERTIFIE	1		-	29c. LICENSE NU	MBER	29d, DATE	SIGNED (Month, Day, Year)			
TO B	In	(2)			03!	7299	D 6	16	/94			
-	30. NAME AND ADDRESS OF PERSON WH	COMPLETED CAUSE OF D	EATN (ITEM 27) (Ty	pe, Print)								
	31. DAJUMO MONTH 4994	Late of the street, sale	NEW PORT									
- 1	DOIN T DISSA		-									

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Yours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pabe filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If them 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.		
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	death. Page 6 may be retained by the hospital or attending physician.	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Yours after

ATT A CONTRACTOR OF THE STATE O

1	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)		CERTIF	CATE OF		REG. NO					
		T A OT/	CON			2. DATE OF DEATH DATE DATE DATE DATE DATE DATE DATE DATE	3. TIME OF DEATH				
3	Arthur D. JACKSON 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last			IF UNDER 1 YEAR	IF UNDER 24 HRS.	June 7,		11:07 a			
	6. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest 1 🖾 M 2 🗆 F 80 80 80 80			MONTHS DAYS	MONTHS MAN	(Month, Day, Year) [ay 2, 191		aryland			
TOR	Franklin Square Ho			Baltimo				more County			
DIRECTOR	Maryland		2.7	timore	TION			10d. INSIDE CITY LIMITS? 1 K YES 2 NO			
FUNERAL	10a. STREET AND NUMBER			101	. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?			
Ë	1508 Fernley Road				21218		U.S.A	١.			
E	11. MARITAL STATUS 12 1 Never Married 2 Merried	WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED	13. WAS DEC	ENDENT OF HISPANIC ecity Cuben, Mexican,	ORIGIN? (Specify Yes	or No- 14.	RACE — American Indien, Black, White, atc.			
BY	3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DA		1 🗆 YES	2 NO Specify:	Total House		Specify: White			
COMPLETED	15. DECEOENT'S EDUCATE (Specify only highest grade con Elementary/Secondary (0-12)	ON opleted) ollege (1-4 or 5+)	16a. DECEDENT'S (Give kind of w life. Do NOT use	USUAL OCCUPATION OF COMPANY OF CO	ON ist of working	186. KINO OF BUS	SINESS/INOUST	RY			
MP	N/A N/A	A	Office	Worker		Westin	nghouse				
	17. FATHER'S NAME (First, Middle, Last)					E (First, Middle, Maiden	Sumeme)				
BE	Harry Jackson 190. INFORMANT'S NAME (Type/Print)				Alice Sv						
2	Louise Jackson (Wi	e)	1		Road, Ba			218			
	20e. METHOD OF DISPOSITION 1 X Burlel 2 Cremation 3 Removal 4 Departion 5 Other (Specific)	from State 20b	PLACE AND OATEO	F DISPOSITION (Na	Dowle		CATION — City				
	Commetter 2 Cremation 3 Removal from State Commetery, crematory or other place Moreland Memorial Park 6/11 Baltimore, Maryland										
	Eugene)	Courtn	sh		nunek Fune Brehms La						
	23. PART I. Enter the diseases, or com shock, or heert failure. List	plications that coused only one cause on ea	the death. Do n					Approximate Interval Between			
	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Due to (or as a consequence of): Onset and Death Onset and Death										
TION	Sequentially list conditions, if any, leading to immediate Atherosclerotic Coronary Artery Disease DUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):										
G	d	1.									
MEDICAL	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. Page 1 for 1 1 years										
Ď	Renal failure					_ 1 _ YES 2	¥ NO	COMPLETION OF CAUSE OF DEATH?			
N.	<u>Hyperkalemia</u>										
- I	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:			ACE OF DEATH (Check	conly one)					
S	1 U YES 2 X NO 10	X Inpetient 2 ☐ ER/Outp		OTHER: 4 Nursing Hom	e 5 🗆 Residence 6	Other (Specify)					
YSICIA		JRY WO									
Y PHYSICIAN:	27. MANNER OF DEATH 1 Netural 5 Pending Provetigation	(Month, Day, Year)	2 Accident Investigation 3 Sulcide 6 Could not be determined 6 Could not be determined 1 YES 2 NO 28e. PLACE OF INJURY — At home, term, street, factory, office building, stc. (Specify) 28t. LOCATION (Street end Number or Rural Route Number, City or Town, State)								
B	1 🔀 Natural 5 🗌 Pending 2 🗍 Accident Investigation 3 🗍 Suicide 6 🗍 Could not be	28e. PLACE OF INJURY	— At home, term, st	treet, factory, office	2	City or Town, State)	end Number or Ri	tural Route Number,			
₽	1 🔀 Netural 2 Accident 3 Sulcide 4 Homicide 29e. CERTIFIER (Check only) 1 Accident 6 Could not be determined	28e. PLACE OF INJURY building, atc. (Special Control of the best of my knowledge)	edge, death occurre	d at the time, date	end place, end due to	City or Town, State) the ceuse(e) end men	nner ea stated.				
	1 🔀 Netural 2 Accident 3 Sulcide 4 Homicide 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: O	28e. PLACE OF INJURY building, atc. (Special Control of the best of my knowledge)	edge, death occurre	d at the time, date	end place, end due to	City or Town, State) the ceuse(e) end men	nner ea stated.				
BE COMPLETED BY	1 Netural 2 Accident 3 Sulcide 4 Homicide 6 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: O	28e. PLACE OF INJURY building, stc. (Spec	edge, death occurred end/or investigation	d at the time, date	end place, end due to	City or Town, State) the ceuse(e) end mer	nner ea stated. d due to the cer	use(e) and menner ee stated.			
E COMPLETED BY	1 🔀 Netural 2 Accident 3 Sulcide 4 Homicide 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: O	28e. PLACE OF INJURY building, stc. (Special Section of the best of my knowledge). To the best of examination of the best of examination of the best of examination of the best of examination of the best of the	edge, death occurred end/or investigation TH (ITEM 27) (Type,	d at the time, date n, in my opinion, d Print)	end place, end due to eath occured at the tir 29c. LICENSE NUMBI	City or Town, State) the ceuse(e) end mer	nner ea stated. d due to the cer	use(e) and menner ee stated.			

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IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	examiner must be notified at once.
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	TO BE COMPLETED BY FUNERAL DIRECTOR

REGISTRAR												$\overline{}$	
1. OECEDENT'S NAME (First, Middle, La	si)							2. DATE		DAY	MEAN	3. T	IME OF OEATH
ELIZABETH	JAMES							LILL			YEAR	1	935 p
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. la	st birthday)	IF UNDER	R 1 YEAR	IF UNDER	24 HRS.	7. DATE	OF BIRTH	1	_	_	E (State or Foreign
407-38-4004	1 M 2 D F	50	YRS.	MONTHS	DAYS	HOURS	MIN.	(Mont	h, Day, Year)	24	Cour	ntry)	
90. FACILITY NAME (If not institution, gi	1.291		7 14						34 U.S.				
96. PACILITY NAME (If not institution, gr		9b. CITY	Y, TOWN (OR LOCATI	ON OF DE	EATH		9c. CO	UNTY OF	DEATH			
5914 THE ALAMEDA AVE				ואס	TOTA	4ORE	CT	TT 37					
RESIDENCE OF DECEDENT				DA.		WURF		TY					
10e. STATE 10b. COU	10c. CIT	Y, TOWN	OR LOCAT	NOI						10d.	INSIDE CITY		
Md.			F	Balt	imo	re						170	YES 2 NO
10e. STREET AND NUMBER			4			. ZIP CODI	E			100 0	TITEN OF		COUNTRY?
dent mi					1					log. G			COUNTRY
5914 The Ala						212	:39				U.	S.	
11. MARITAL STATUS	12. WAS DECEOEN FORCES?	NT EVER IN U.S. AI							N? (Specify	ee or No-	14. RAG	CE - A	mericen Indien, ite, etc.
1 Never Merried 2 Merried		MAR OR DATES	140			2 X NO			Rican, etc.)				Black
3 Widowed 4 Divorced						344	,,,,,,				1	,.	Diaon
15. OECEDENT'S E		18e. DI	ECEDENT'S	USUAL O	CCUPATIO	ON		168	. KIND OF E	USINESS/II	NOUSTRY	-	
(Specify only highest gr		- (C	Give kind of a	work done	during mo	sl of working	ng	1					
Elementery/Secondary (0-12)	College (1-4 or 5	+)											
		I HO	usew	/lie									
17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S NA	ME (First,	Middle, Maid	n Sumeme))		
George Whit	е					Ma	rv	Jon	es				
19e. INFORMANT'S NAME (Type/Print)		10	b. MAILING	ADDRES	\$ (Street -				ber, City or Ti	wn Cter-	7In Carlos		
STATUTE THE PARTY OF THE PARTY													
Edwin James		15	914	The	AL	amec	ia B	alt					usband
208 METHOD OF DISPOSITION 1 A Burlet 2 Cremetion 3 R	emoval from State	20b. PLACE				me of		OAT	E 20c. I	OCATION -	- City or 1	Town, S	late
4 Donetion 5 Other (Specify)	annovas nom state	- Garr	ematory or o	ther place)	res	t.		6/1	3/04	Owi	ngs	Mi	lls Md
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	1 4 64 - 1	1	A 1/22	NAME AT	ND ADORE	SS OF FA	CILITY					2,20 110
THE SERVICE		A.		POR I THE	Sin	wrio	ht	Fun	eral	Hom	6		
2. SIMILATE OF PURENIL SERVICE	11	-	21 21 17	1 /1/71	CFTT								
23. PART I: Enter the diseases, shock, or heart failured disease or condition resulting in death)	or complications the re. List only ons care.	use on aach iin	а.	142 not entar	700 r the mo	Edm	lond	SON	Ave diac or res	Ba.	lto.		Approximata interval Batwo Onset and Da
23. PART I. Enter the diseases, shock, or heart fallurimmediaTE CAUSE (Final disease or condition	aHypert	use on aach iin	Art	eric	700 r the mo	Edm	lond	SON	Ave diac or res	Ba.	lto.		Approximata interval Batwo Onset and Da
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23. PART i. Enter the diseases, shock, or heart fellur iMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST PART II. Other significant condit Diabetes Modulate Cause Reference To Medical Examiner? 12 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation	BHYPERT. OUE TO b. OUE TO c. DUE TO d. Ions contributing to ellitus CONTRIBUTE HOSPITAL: 1 Input ent 2 280. DATE OF (Month, 1) 280. DATE OF (Month, 1)	ensive O (OR AS A CONSE	Art COUENCE OF	DEAT OTHER 4 Nur	r the mo	Edmide of dyl	tic givan in NO EATH /Cho	Car Part I. S Other	Ave diac or res cdiov 24e. Was / PERF 1 Ures Ing or (Specify) SCRIBE HOW	N AUTOPS: DRMED? 2 X NO UITY	lto.	Diab. WER	Approximate interval Batwo Onset and Da ISCASC E AUTOPSY FINDIN LABLE PRIOR TO PLETION OF CAUSIEATH? YES 2 NO
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mours after death. Page 6 may be retained by the hospital or attending physician.

DIVISION OF VITAL RECORDS, P.O.

TO THE HOSPITAL OR ATTINDING PHYSICIAN. The law requires that the death certificate be executed with nours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	TATE OF MARYL		TMENT OF H		MENTAL HYGI REG.					
	1. DECEDENT'S NAME (First, Middle, Last) MARGARET	M JOHNSON.			2. DATE OF DEATH DAY 9		14	3. TIME OF OEATH 02.40 M			
TO BE COMPLETED BY FUNERAL DIRECTOR	4. SOCIAL SECURITY NUMBER 234 428613	M 2 XF 75YRS. MONTHS DAYS HOURS MIN.			7. DATE OF BIRTH (Month, Day, Year ATM	bar) Country)					
	Harbor Hospital Center			Baltimore				======			
	rac j zana	Maryland =====			16c. CITY, TOWN OR LOCATION Baltimore				10d. INSIOE CITY LIMITS? 1 X YES 2 NO		
	611 S. Charles St		101. ZIP CODE 21230				10g. CITIZEN OF WHAT COUNTRY? U.S.A.				
	11. MARITAL STATUS 1			13. WaS DECENOENT OF HISPANIC ORIGIN? (Specify Yell f yea, specify Cuban, Mexican, Puerto Rican, etc.) 1 ☐ YES 2 ☒ NO Specify:				e or No 14. RACE American Indian, Black, White, etc. Specify: White			
	(Specify only highest grade completed) (Give life. D			h kind of work done during most of working to NOT use retired.)			Business/industry K Bindery				
					16. MOTHER'S NA	NAME (First, Middle, Meiden Surname) Janie Michem					
	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Genevieve Johnson 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 315 Crandell Road Severna Park, Maryland 21146							and 21146			
	20b. PLACE AND DATE OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION Name of 10 Memorial 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION Name of 20b. PLACE AND DATE OF DISPOSITION Name of 20b. PLACE AND DATE OF DISPOSITION Name of 20b. PLACE AND DATE OF DISPOSITION Name of 20b. PLACE AND DATE OF DISPOSITION Name of 20b. PLACE AND DATE OF DISPOSITION Name of 20b. PLACE AND DATE OF DISPOSITION Name of 20b. PLACE AND DATE OF DISPOSITION Name of 20b. PLACE AND DATE OF DISPOSITION Name of 20b. PLACE AND DATE OF DISPOSITION Name of 20b. PLACE AND DATE OF DISPOSITION Name of 20b. PLACE AND DATE OF DAT										
BY PHYSICIAN: MEDICAL CERTIFICATION	23. PART I. Enter the disease, or empirications that ceused the deeth. Do not enter the mode of dying, such as cerdiec or respiretory errest, shock, or haert fellure. The only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Sequentielly list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in deeth) LAST Approximate interval Between Onset and Dasth Oue TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
	PART II. Other significent conditions contributing to death but not resulting					PEF	24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO		WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Input lent 2 ER/Outpetlent 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)										
	27. MANNER OF DEATH 1 Netural 5 Pending Investigation	28b. TIMI	E OF 28c. IN. WO	IURY AT DRK? YES 2 NO	28d. DESCRIBE HO	28d. DESCRIBE HOW INJURY OCCUREO					
	3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify)					281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
COMPLET	29s. CERTIFIER (Check only one) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.										
TO BE C	296. SIGNATURE ON TITLE OF CERTIFIER PGY Z PSS/DENT 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typ.			29c. LICENSE NUMBER #52441614-19			29d. DA	29d. DATE SIGNEO (Month, Day, Year) 06/08/9-4			
1	ABOUL K. GARUBA, NO HARROR HOSPITAL CENTER, 3001 S. HANDERST. BALTIMORE, MD 21225 31. DATE PILEO (MORID, Day, Year) 32. RECISTRAR'S SIGNATURE JUN 1 0 1994 Juni Swiden Road.										

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within how now, and the retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC	MENT OF H	EALTH AND I	MENTAL HYGIEI REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last) LORRAINE	MARY	KILDI	JFF		2. DATE OF DEATH	58	3.	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 213 14 5718	1 🗆 M 2 💢 F		F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		Country)	ACE (State or Foreign
OR	99. FACILITY NAME (If not institution, give s GOOD SAMARITAN H	OSPITAL		BALTIM	ORE	EATH	9c. COUNTY	OF DEAT	Н
DIRECTOR	10e. STATE 10b. COUNTY	Total out to Econolists							d. INSIDE CITY LIMITS? YES 2 7 NO
FUNERAL	100. STREET AND NUMBER 7837 BIRMINGHAM A	VENUE		101	21234		10g. CITIZEN		T COUNTRY?
B	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 V NO	If yee, sp		NIC ORIGIN? (Specify Ye on, Puerto Ricen, stc.) y:	pe or No — 14.	RACE — Black, W Specify:	American Indien, //hite, etc.
COMPLETED	15. DECEDENT'S EDUI (Specify only highest grade Elementary/Secondery (0-12)						AT HO	FRY	
BE CON		EORGE	WESTPHAL		MARGA		STELLE	CLA	RKE
2	190. INFORMANT'S NAME (Type/Print) LAWRENCE T. MATHI	SON	520 PEN	NY LAN	E COCKEY	SVILLE, MI	2103	0	
20e. METHOD OF DISPOSITION 1 YBurial 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) TIGHTY TERMS								,	
	John & Van	JOHN E.		5305	ARD J. R HARFORD	ÚCK INC. ROAD BALT	IMORE,	MD.	21214
	shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. PULMON	uart Ed		da of dying, suc	h as cardiac or resp	piratory arrest.	,	Approximata Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): CHRONIC OBSTRUCTIVE PULYONARY DISEASE DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
CERTI	resulting in death) LAST	d							
PHYSICIAN: MEDICAL	PART II. Other algorificant condition PNEUMONIA RENAL CA	e contributing to death to (HOSPIT)	AL ACQU	NRED)	cause given in	Part I. 24a. WAS AI PERFO	RMED?	AM CC OF	ERE AUTOPSY FINDINGS ALLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 T NO
25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)									
PHY	27. MANNER OF DEATH 1 X Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	Y 28c. INJ	URY AT RK?	8 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCUR	ED	
2 Accident Investigation 3 Suicide s Could not be determined deter						and Number or f	lural Rout	e Number,	
COMPLET		CIAN: To the beet of my know						ntse(e) ei	nd menner ee stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER		MD		29c, LICENSE NUI				Onth, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WH JEAN - PIERRE I	SSA MD	1 0 .	30ND	STREET	BALTIN	ORE 1	40	21231
	JUN 1 0 1994	THE STANGE OF THE STANGE OF THE							

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ITEMS: 23 PART I, 27, PER MEO FILM G-713 7/1/94 t.t

		1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR	RTMENT OF H	IEALTH AND	MENTAL	HYGIEN	E		
		1. DECEDENT'S NAME (First, Middle, Last) LINDA	JEAN	KELLE	Y		2. DATE O	DA	6 199	3. 1 4	TIME OF DEATH
9		4. SOCIAL SECURITY NUMBER		(In yrs. last birthday) 45 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE O		6.		CE (State or Foreign
2, 3 should	OB	90. FACILITY NAME (if not institution, give stre 302 E.31st.STR			96. CITY, TOWN C	MORE	EATH		9c. COUNTY	OF DEATH	4
OZO physician. burial-transit permit. Pages 1,	DIRECTO	10a. STATE 10b. COUNTY	N/A		y, town on Locat						I. INSIDE CITY LIMITS? YES 2 \(\text{\text{N}} \) NO
ı. ınsit permit	FUNERAL	100. STREET AND NUMBER 302 E. 31st. Street			101	1. ZIP CODE			10g. CITIZER		
TLAND 21215-0020 by the hospital or attending physician. be detached for use as the bunal-tran at once.	BY FUN	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 YES IF YES, GIVE WAR OR D	2 XNO	It yes, sp	ENDENT OF HISPAI ecity Cuban, Mexica 2 NO Specifi	in, Puario Ri	(Specify Yea can, atc.)		RACE — A	American Indian, hita, atc. White
ci z i z i z i z i z i z i z i z i z i z	60	15. DECEDENT'S EDUCA (Specify only highest grade or Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of life. Do NOT u		ON at of working	16b.		SINESS/INDUS	TRY	
the hospit detached	COMPLET	12 Years 17. FATHER'S NAME (First, Middle, Last)		House	Keeper	18. MOTHER'S NA	- '	ddle, Maiden	Emplo	yed	
retained by 15 should be notified at	TO BE	Ralph L. Kelley 19a. INFORMANT'S NAME (Type/Print)				Ada V.	Route Numbe	r, City or Town			
ay be		Mr. Robert F. Kell 20a METHOD OF DISPOSITION 1A Buriet 2 Cremetion 3 Remov	ral from State Carr	PLACE AND DATE	ther place!	ame of	DATE	1	CATION — City		State
ALLIN death. Page funeral din 		4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE	NIEE BE	ethel U.N	Burri	nd address of fa er-Queen	Fune	ral Di	irecto	rs, E	r, Maryland P.A. H, MD 21784
ted within an hours after completely filled in by the fall, cremation, or removal acceptant, the medical		23. PART I. Enter the diseases, or co shock, or heart failure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death)	CARDIAC ARRH	ach lina.	not enter tha mo	da of dying, suc	h as cardi	ac or respi	retory arrest	7	Approximate intarval Between Onset and Daath
cate be executed thysician and come prior to burial, er traumatic executed to burial, er traumatic executed the tr	RTIFICATION	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	OUE TO (OR AS A	A CONSEQUENCE O	F):					1	
the death y the attended Mental Minjury, o	AL CE	PART II. Other significant conditions	contributing to death b	out not resulting	in the underlyin	g cause givan in	- 1	24a. WAS AN PERFOR	MED?	AVA	RE AUTOPSY FINDINGS ILABLE PRIOR TO MPLETION OF CAUSE
v requires been sign t. of Hea	N: MEDIC	DID TOBACCO USE CO	ONTRIBUTE TO	CAUSE OF	DEATH Y	ES NO		1 FYES 2	□ NO	OF	DEATH? YES 2 NO
£ 9 9 E	/SICIAN:		HOSPITAL:	patient 3 DOA	OTHER:	ACE OF OEATH (Ch					
The state of the control of the cont	ву рну	27. MANNER OF OEATH 1 Natural 5 Panding 2 Accident Investigation	26a. OATE OF INJURY (Month, Day, Year)	26b. TIM	JURY WO	URY AT DRK? YES 2 NO	28d. OE\$0	RIBE HOW IP	NJURY OCCUR	EO	
CTOR: A after d after d 28 Is	ED	3 Suicide 6 Could not be 4 Homicide determined	26s. PLACE OF INJURY building, etc. (Spec	' — At home, term,	street, tactory, offic	•	26t. LOCA City or	TION (Street a Town, State)	nd Number or	Rural Route	Number,
HOSPITAL OR A FUNERAL DIREC WITHIN 72 hours TANT: If Item	COMPLET	299. CERTIFIER (Check only one) 1 CERTIFYING PHYSICI EXAMINER:	AN: To the best of my know On the besis of examination							ause(a) ark	d menner as stated.
TO THE HOSPITAL TO THE FUNERAL DE filed within 72 P. IMPORTANT: II I	TO BE	296 SIGNATURE AND STITLE OF CENTIFIER	Phele			O.C.M.					nth, Day, Year) 7 , 1994
	,-	MAME AND ABORESS OF PERSON WHO	·loper	111 Per	nn Stre	et, Bal	Ltimo	ore,	Maryl	.and	21201
		JUN 1 0 1994	32. RESTHAR'S SIGN	ATURE ATION	T						

011.

TO THE FUNEFAL DIRECTOR: After this certificate has been requires that the death certificate be executed with. Anours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNEFAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 burial with the property or removal. Or removal.

THE DIRECTOR: A property or the property or where frameworks are the property or the property or where frameworks are the property or the property or where frameworks are the property or the prop BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTA CERTIFICATE OF DEATH	HYGIENI REG. NO.
STATE		MENIA

	1 - FOR STATE OF REGISTRAR	MARYLAND / DEPART	MENT OF HEALTH AN	D MENTAL HYGIENE REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH DAY	3. TIME OF OEATH			
	C. WESLEY KK	UEMME	L	6 9	9 4 00: 45AM			
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. last birthday)	IF UNDER 1 YEAR IF UNDER 24 HI MONTHS DAYS HOURS MI	March Day March	8. BIRTHPLACE (State or Foreign Country)			
	513-10-03+315-1201	YRS.	MONTHS DAYS HOURS		MARYLAND			
-	Se. FACILITY NAME (if not institution, give street and number)		96. CITY, TOWN OR LOCATION O	F DEATH 90	C. COUNTY OF DEATH			
DIRECTOR	ST. AGNES HOSPITAL		BALTIMORE					
1 2	10e. STATE 10b. COUNTY	10c. CITY	, TOWN OR LOCATION		10d. INSIDE CITY			
F	MARYLAND BALTIMO	RE	PIKESVILLE		LIMITS?			
A	10e. STREET AND NUMBER		10f. ZIP CODE	10	g. CITIZEN OF WHAT COUNTRY?			
FUNERAL	6825 CAMPFIELD ROAD 5	В	2120	7	U.S.A.			
15		PENT EVER IN U.S. ARMED	13. WAS DECENOENT OF HI	SPANIC ORIGIN? (Specify Yea or I	No — 14. RACE — American Indian, Black, White, atc.			
BY I		E WAR OR DATES	1 TES 2 NO S	exican, Puarto Rican, atc.)	Specify:			
	15. DECEDENT'S EDUCATION	160 DECEDENTION	ISUAL COCURATION	Lan your or survey	WHITE			
COMPLETED	(Specify only highest grade completed)	(Give kind of w	JSUAL OCCUPATION ork done during most of working pretired.)	16b. KIND OF BUSINE	SS/INDUSTRY			
12	Elementary/Secondary (0-12) College (1-4 or	MACHAI	1000.	MASS TRANS	SIT AUTHORITY			
O	17. FATHER'S NAME (First, Middle, Last)	1210111		NAME (First, Middle, Meiden Sum				
E C	MAXMILLIAN KRUEMMEL			NIA G. AMOS				
) BE	19e. INFORMANT'S NAME (Type/Print)	19b. MAILING	ADDRESS (Street and Number or R	ural Route Number, City or Town, St	tete, Zip Code)			
2	ELIZABETH KRUEMMEL (WIFE	6825	CAMPFIELD ROAL	BALTIMORE MA	RYLAND 21207			
TO BE COM	20a, METHOD OF DISPOSITION	20b. PLACE AND DATE O		OATE 20c. LOCATI	ION — City or Town, State			
	1 ■ Buriel 2 □ Cremation 3 □ Removal from State 4 □ Donetion 5 □ Other (Specify)	cemetery, crematory or oth MEADOWRIDG	E CEMETERY 06-	11-94 DORSE	Y MARYLAND			
	21, SIGNATURE OF FUNERAL SERVICE LICENSEE	1	22. NAME AND ADDRESS OF		E FUNERAL HOMES			
	* Kusseccon V	Ze .			ONSVILLE MARYLAND			
7	23. PART i. Enter the diseases, or complications shock, or heart failure. List only one disease or condition resulting in death)	or and line. I could a a consequence of the country of the consequence of the country of the co	e elfusi		Approximate interval Between Onset and Daath DAY S VEAR			
0	Sequantially list conditions, our if any, leading to immediate	14						
CA	cause. Entar UNDERLYING CAUSE (Disease or Injury	CHF			TEARS			
CERTIFICATION	that initiated events resulting in death) LAST	TO (OR AS A CONSEQUENCE OF	11.1.1	٨.	1/			
ER	d	Atrac	- pr / 1a	Non	1 EARS			
MEDICAL	PART ii. Other significent conditions contributing	to daath but not resulting in	n tha underlying causa giver	n in Part i. 24a. WAS AN AUT PERFORMED 1 U YES 2 1/2	D? AVAILABLE PRIOR TO			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATH	(Check only one)				
SIC	EXAMINER? 1 YES 2 NO HOSPITAL:		OTHER: 4 Nursing Home 5 Residen	nce 8 Other (Specify)				
РНУ		OF INJURY 28b. TIME	OF 28c. INJURY AT	28d. OEŞCRIBE HOW INJUI	RY OCCURED			
BY F	1 Natural 5 Pending 2 Accident Investigation	, ou, rour,	M 1 YES 2 NO					
	2 Accident 3 Sulcide S Could not be City or Town, State) 28e. PLACE OF INJURY — At homa, tarm, street, tectory, office City or Town, State) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)							
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner as stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(a) and menner se stated.							
TO BE COM	29b. SIGNATURE AND TITLE OF HITTER MED 30. NAME AND ADDRESS OF PERSON WHO COMPLETED C	AUSE OF DEATH (ITEM 27) (Type	Print) 29c LICENSE SC-1	Rues Hospital	d. DATE SIGNED (Month, Day, Year)			
	BARAKAT K. HABI'B 1	TRAN'S SIGNATURE	CATON AVO	BAGIMOR	E-MD 21229			
	JUN 1 0 1994 Julie to	viden flandate.						

BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within who have been. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTA	L HYGIENI
CERTIFICATE OF DEATH	BEG NO

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM			MENTAL HYGIEN	E		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH	
	DAVID	R.	KIM			JUNE 0	9 ⁴ 4	7:12 P M	
	4. SOCIAL SECURITY NUMBER		and and	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRT	HPLACE (State or Foreign	
	215-02-9917 9a. FACILITY NAME (If not institution, give st	1 X M 2 F	14 YRS.		R LOCATION OF DE	04-22-80		KOREA	
TOR	NORTH ARUNDEL			GLEN E				RUNDEL	
DIRECTOR	10a. STATE 10b. COUNTY MARYLAND ANNE A	RUNDEL	10c. CITY, T	OWN OR LOCAT		K		10d. INSIDE CITY LIMITS? 1 YES 2X NO	
FUNERAL	100. STREET AND NUMBER 263 ROSS LANDING	ROAD		101.	ZIP CODE 2114	WHAT COUNTRY?			
S	11. MARITAL STATUS	12. WAS DECEDENT EVER II	U.S. ARMED	IIS ADMED 12 WAS DECEMBENT OF HISPANIC OF			or No 14. RAC	E — American Indian	
В	1 X Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	2XXVO ATES	If yea, apo	ck, Whita, atc. city: ASIAN				
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	ATION completed)	18a. DECEDENT'S US (Give kind of work	done during mos	N It of working	SINESS/INDUSTRY			
PE	Elementary/Secondary (0-12)	College (1-4 or 5+)	litte. Do NOT use re	DENT		MIDDL	NA PARK E SCHOO	NT.	
M O	17. FATHER'S NAME (First, Middle, Last)		510	DEMI	18. MOTHER'S NA	ME (First, Middle, Maiden		/13	
BE C	YOUNG K. KIM				IN SO		our remy		
TO B	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or Town			
-	YOUNG K. KIM (F	PATHER)				SEVERNA P			
	1 & Burial 2 Cramation 3 Ramo 4 Donation 5 Other (Specify)	val from State com	. PLACE AND DATE OF C letery, cramatory or other LADOWRIDGE	nlecel			CATION — City or T EY MARYI		
	21. SIGNATURE OF FUNERAL HERIVICE LIC		MUNICIPAL	22. NAME AN	D ADDRESS OF FA	CILITY			
	Lussewan	Distro				ELL C WITZ			
	23. PART I. Enter the diseases, or c	omplications that caused	the death. Do not	enter the mod	le of dying, such	h as cardiac or respi	ratory arrest,	E MARYLAND Approximate	
	ahock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition reaulting in death) DUE TO (OR AS A CONSEQUENCE OF):								
NOI	Sequentially list conditions, if any, leading to immediate Due 10 (OR AS A CONSEQUENCE OF):								
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	PERODING OF:	Ad	hesions	,			
IRI	resulting in death) LAST	J						į	
	PART ii. Other aignificant conditions	contributing to death b	ut not resulting in t	he underlying	cause given in	Part I. 24s, WAS AN	ALITOPSY 24	b. WERE AUTOPSY FINDINGS	
PHYSICIAN: MEDICAL						PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
Σ	DID TOBACCO USE C	ONTRIBUTE TO	CAUSE OF D	EATH YE	S NO	_		1 YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)									
Sign	EXAMINER? XIX YES 2 \(\square\) NO	HOSPITAL: 1 ☐ Inpetient 2X ★R/Outp		THER: Nursing Home	5 Residence	8 Other (Specify)			
ву Рн	27. MANNER OF DEATH 1 Actural 5 Pending Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME O	Y WOI		28d. DEŞCRIBE HOW II	NJURY OCCURED		
	2 Accident investigation 3 Suicide a Could not be determined 4 Homicide determined 28a. PLACE OF INJURY — At home, larm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Numb. City or Town, State)							Route Number,	
COMPLETED	29a. CERTIFIER (Check only 1 CERTIFYING PHYSIC	CIAN: To the best of my know	ledge, death occurred a	t the time, date	and place, and due	to the cause(s) and man	nner as stated.		
Š	MEDICAL EXAMINER	?: On the basis of examination	and/or Investigation, I	n my opinion, de	ath occured at the	time, date and placa, en-	d due to the ceuse	(s) and manner as stated,	
8	296. SIGNATURE AND TITLE OF CERTIFIER	: a Clu	cte nis		O.C.M.		≥30. DATE SIGNE	08,1994	
2	30. NAME AND ADDRESS OF PERSON WHO				t, Balt	imore, M	aryland	21201	
	31. DATE FILED (Month, Oay, Year)	THEORSTON S STON							
	JUN 1 0 1994	June Deviden	-Handell						

DIVISION OF VITAL RECORDS, P.O. BOX 68760

DHMH-16 Rav 1/89

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760, 1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

						OLITTI	IOAI	_ 01	DEAI			. NO.		
		1. DECEDENT'S NAME (First,	, Middle, Last)								2. DATE OF DEA	DAY	YEAR	3. TIME OF DEATH
		4. SOCIAL SECURITY NUMB		incent 5. SEX	8 ACE //-		Logan V) IF UNDER 1 YEAR IF UNDER 24 HRS.				6/6/			М
P.		216-84-0	1829	1 🙀 M 2 🗆 F	3.4	rrs. last birthday) YRS.	MONTHS	DAYS	HOURS	MIN.	7. DATE OF BIFT	5/59	8. BIRTH Counti	PLACE (State or Foreign
3 should	~	9a. FACILITY NAME (If not in							OR LOCATIO		ATH	9c. CO	UNTY OF D	EATH
1, 2, 3	СТОВ	ZIZU C		Avenue			l t	3a_t	timoı	re				
Pages	DIREC	Md .	10b. COUNTY	1		Ba.	y, TOWN (Itin	nore	ATION E		1			10d. INSIDE CITY LIMITS? 1 X YES 2 NO
permit.	ĭAL	10e. STREET AND NUMBER							of. ZIP CODE			1 1		WHAT COUNTRY?
an. ransit	FUNER	2120 Cal	low A						21217				USA	
ours after death. Page 6 may be retained by the hospital or attending physician. J in by the funeral director, page 5 should be detached for use as the burial-transit or removal. medical examiner must be notified at once.	В	11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Divo		12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2	2 NO		It yes, s	CENDENT O pecify Cuber S 2 XNO	n, Maxicar	IC ORIGIN? (Spec n, Puarto Rican, el	Ify Yea or No	BL a	E — American Indian, k, White, atc. #y: LCK
r attend use as	윤		EDENT'S EDUC y highest grade		18	a. DECEDENT'S	work done	durina m	TON lost of workin	ю	16b, KIND (F BUSINESS/IN	DUSTRY	
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ay be retained to page 5 should to be notified	10	Susan Lo				19b. MAILING	642	s (Street A I	end Number Farli	or Rural R	St. Lo	or Town, State, 2 Duis,	MO.	63115
ge 6 may lirector, pa r must b		20a. METHOD OF DISPOSITI 1 Burlel 2 Cremetlo 4 Donation 5 Other	n 3 🗆 Ramo (Specify)		20b. PL cemetar Me	ACE AND DATE	rema	ato	ry			Balt		
r death. Page 6 m le funeral director, al. examiner musi		21. SIGNATUSE OF FUNERAL	In	J	Tame		. Mo	rton 8		N	1d. 21217			
ours after diffed in by the removal.		23. PART I. Finer the di shock, or he IMMEDIATE CAUSE (Fin	iseeses, Dr c eart fallure. 1		ceused th	ne deeth. Do	not enter	the m	ode of dyl	ng, such	as cardiec pr	respiratory a	rrest,	Approximate Interval Between Onset and Desth
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tendin al Hyg	ERI	resulting in death) LAS	T C	l							<u> </u>			
the at Ments Ments	O	PART II. Other significe	nt conditions	a contributing to	death but	not resulting	In the u	nderlylr	ng ceuse d	olven in i	Part I. 24e. W	AS AN AUTOPSY	24b	. WERE AUTOPSY FINDINGS
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de PHYSIC ter this ce ath with t	ВУ РНУ		Pending Investigation	28a. DATE OF (Month, D		28b. TIN	IE OF JURY M	W	JURY AT ORK? YES 2] NO	28d. DESCRIBE	HOW INJURY O	CCURED	
ATTENDIP ECTOR: At rs after de n 28 is n	ETED		Could not be determined	28s. PLACE O building,	F INJURY — atc. (Specify)	Al home, farm,	street, tactory, office 28t. LOCATION (Street, City or Town, Str				er or Rural I	Route Number,		
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, crem: IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event,	COMPL	one) 2 MEDI	CAL EXAMINE											i) and manner as stated.
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2		JOHNS H	to PKI	NB H	PRIST	MAL	, Print)						7	
2		31. DATE FILED (Month, Day, JUN 10		32 REGISTRA	HIS SIGNATU	IRE CALLED								

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CALL IMPORT.	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely was in by the funeral director, page		IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be
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DIVIDION OF WITH TEACHED, 1.0. DOX 10149,	е фе	the at	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, crematton, or removal.	iluny,
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NG P	ter th	ath v	mart
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ATT	ECTO	rs aft	m 28
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DIRECTOR

FUNERAL

BY

BE COMPLETED

9

CERTIFICATION

BY PHYSICIAN: MEDICAL

BE COMPLETED

2

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Day

7

1994

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32 REGISTEAR'S SIGNATURE

Mandell.

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle La 2. DATE OF DEATH MA 7. DATE OF BIRTH (Month, Day, Year) yrs_last birthday) 4. SOCIAL SECURITY NUMBER 6. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State 20.16 2/6-1 🗆 M 2 🗽 DAYS ARG HOURS YRS. 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Franklin Coup Sing 10d. INSIDE CITY 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 1 more 1 YES 2 NO 10e, STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 60 2 12 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 0 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No 14. RACE — American Indian, Black, White, atc. If yes, specify Cuban, Maxican, Puarto Rican, etc.) 1 Never Married 2 Married IF YES, GIVE WAR OR DATES 1 TYES 2 NO Specify: Specify: 3 💢 Widowed 4 🗌 Divorced 16a. DECEDENT'S USUAL OCCUPATION

Work done during most of working 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) N 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Sumame) 199CINFORMANT'S NAME (Type/Print) MAILING ADDRESS (Street and Number or Rural Route Number of Social Service mber, City or Town, State, Zip Code) reovue treema 2/2/3 20s, METHOD OF DISPOSITION

1 Burial 2 Cremation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of ce 20c. LOCATION - City or Town, Stata 4 □ Donation 5 □ Other (Specify) 22. NAME AND ADDRESS OF FACILITY 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Home 300 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or haart fallure. List only one cause on each line. interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition DUE TO (OR AS A CONSEQUENCE OF): resulting in dasth) 6 NAN Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): IGNA CAUSE (Diseese or injury TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 NO 1 | YES 2 | NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL: OTHER: 4 Nursing H 1 | YES 2 0 1 | Inpetiant 2 | ER/Outpetlant 3 | DOA me 6 Realdence 6 Other (Specify) 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural
2 Accident 5 Pending 1 YES 2 NO Investigation 28a. PLACE OF INJURY — At home, ferm, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 6 Could not be determined 4 Homicide 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(a) and manner as stated. RE AND TITLE OF CERTIFIER LICENSE NUMBER 29d. OATE SIGNEO (Month, Day, Year) PEATH (ITEM 27) (TYPS, PHINE) PLETEO CAUSE OF

DHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21215-0020	fours after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the mours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1 be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) SURJIT JULICA MB 2 MARKET PLACE DUNDAK 21222	Ĕ	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEAT	2 MA	RKETFL	ACE Dur	VOAK	2/222			
31. DATE FILED (Month, Day, Year) 22. REGISTRAR'S SIGNATURE			32. REGISTRAR'S SIGNAT	TURE							

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with normal director, page 5 may be retained by the hospital or attending physician.

TO THE FUNERAL ORECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or remoral.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760

FOR 1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		- C	ERIIF	ICALE	OF D	EAIH	P	EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	Arla Ma	ae Merl	kle				2. DATE OF MONTH	D/		YEAR 994	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. la:	st birthday)	IF UNDER 1 Y	EAR IF	UNDER 24 HRS.	7. OATE OF E				PLACE (State or Foreign
- 1	214 38 8827	1 □ M 2 🔀 F	54	YRS.		AYS HO	OURS MIN.	02/29	02/29/1940 Country) Marylar			1)
DIRECTOR	90. FACILITY NAME (TOWNSEND) 4136 Towsend A	Venue			Balt		OCATION OF DI	EATH			NTY OF O	
5	RESIDENCE OF DECEDENT											
2	10a. STATE 10b. COUNTY	,		10c. CIT	Y, TOWN OR	OCATION						10d. INSIDE CITY LIMITS?
		===		Ba	ltimo	re						1 X YES 2 NO
FUNERAL	10%. STREET AND NUMBER TOWNSEND AV	renue					21225				J.S.A	HAT COUNTRY?
۳I	11. MARITAL STATUS	12. WAS DECEDENT	FEVER IN U.S. AF	01450	40. 140							
	1 Never Married 2 Married	FORCES? 1	YES 2 X				DENT OF HISPAI y Cuban, Maxica			OF NO.	14. HACE Black	American Indian, White, atc.
B	3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES		1 [YES 2 1	NO Specif	y:			Specifi	White
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade		16a. DE	ECEDENT'S	USUAL OCCI	IPATION		16b. KIN	D OF BUS	INESS/IND	DUSTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5 +	ille	a. Do NOT us	vork done duri e retired.)	ng most oi	r working					
립			´	Hou	sewife	9			Home	Mak	er	
8	17. FATHER'S NAME (First, Middle, Last)			-		16	S. MOTHER'S NA	ME (First Middle	a Mairian	Sumama)		
BE C		Walter	Harde	esty		"	Ar]		dest	,		
	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS (S	treat, end I	Number or Rural	Route Number, (ity or Town	, State, Zig	Code)	
2	George Merkle		4	136	ownse l owser	na Av	zenue	Balt.	imor	e. M:	arvla	and 21225
1	20s. METHOD OF DISPOSITION				OF DISPOSITION			DATE			City or Ton	
	1 X Buriel 2 Cremetion 3 Remo	oval from State	cemetery, cre	emetory or of	her place) 1 Ceme	JN (Ivame (01	1				
	4 Donation 5 Other (Specify)	FNORF	Cedai	C HII				6/	Ba.	Ltimo	ore,	Maryland
	De Prida	1	You	00	Geo	rge	J. Gon	ce Fun				
	· C Cura	1427	4010									1. 21225
	23. PART I. Enter the diseeses, or o shock, or haart failure. I IMMEDIATE CAUSE (Finel diseese or condition			в.			of dying, suc		_			Approximate interval Between Onset end Desth
H	resulting in death)	DUE TO	OR AS A CÓNSE	OUENCE OF	and a	Cor	umm	m ho	My	100	me	- //
_		marrot	, lu	nes	,					,		2 months
CERTIFICATION	Sequentially liet conditions,	DUE TO	OR AS A CONSE	OUENCE OF								
¥	if any, leading to immediate ceuse. Enter UNDERLYING											
윤미	CAUSE (Disease or injury that initiated events	DUE TO	OR AS A CONSE	OUENCE OF	า:							
Ē	reaulting in deeth) LAST				,-							İ
9		d										
	PART ii. Other eignificant condition	s contributing to	death but not	resulting i	n the unde	riying ca	ause given in	Part i. 24	. WAS AN		24b.	WERE AUTOPSY FINDINGS
EDICAL	h								PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE
								— [1	YES 2	□ NO		OF DEATH?
Σ	DID 7001 660 1107											1 TYES 2 NO
ÿ.	DID TOBACCO USE (CONTRIBUTE	TO CAU	SE OF	DEATH	YES	NC NC					
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		1	OTHER:	28. PLACE	E OF DEATH (Ch	eck only one)				
S	1 TYES 2 NO	1 🗆 Inpatient 2 🗆	ER/Outpatient 3	3 🗆 DOA		Home 5	5 Pasidence	6 Other (Sp	ecify)			
두	27. MANNER OF DEATH	28a. DATE OF (Month, Da	INJURY	28b. TIM	E DF 28 URY	c. INJURY WORK?	AT	28d. DEŞCRI	BE HOW II	VJURY OC	CURED	
ВУ	1 Natural 5 Pending Investigation	1	7,,				2 NO					
	3 Suicide 8 Could not be	28a. PLACE OF	F INJURY — At he	ome, term, s	street, tectory	, office		281. LOCATIO		nd Number	r or Rural R	oute Number,
TEO	4 Homicide datarmined	building,	atc. (Specify)					City or To	wn, State)			
۱۱ ټـ	29a. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the beat of	my knowledge, de	eath occum	d at the time	data and	d place, and due	to the cause(s	and men	nor on etc	ted	
COMPLET	(Check only one) 2 MEDICAL EXAMINE) and manner se stated.
	29b. SIGNATURE AND TITLE OF CERTIFIED	7					c. LICENSE NUI					(Month, Day, Year)
8	(1, 6N)	166				1.	0227	80		D /	1/2/	6 (1
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUS	V 12	M 27) (5	Dwines		-00/	20		. (1//	/ 7
	Acon W De	nkma-	A DEATH (I)	1 5 0 s	n HA	50.4	41 C1	nter				
	31. DATE FILED (Month, Day, Year)	32. REGISTRA	SIGNATURE	0	- 10	6		, 0				
- 1	JUN 1 U 19 94	gune,	vauydour-	pandel	L							



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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

O THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within flours after death. Page 6 may be retained by the hospital or attending physician.	THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT. It liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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STATE OF MARYLAND / DEPARTMENT OF MENTAL MYCIENE

1 - STATE REGISTRAR	STATE OF MARY		IENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIEN REG. NO.	E	
1, DECEDENT'S NAME (First, M	a Divise Mi	181as Mitche	211	2. DATE OF DEATH DA	"e 94	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 213-07-32 98. FACILITY NAME (If not Instit	27 1 M 2 D F	76 77 YRS. MO	UNDER 1 YEAR IF UNDER 24 HRS. YTHS DAYS HOURS MIN. CITY, TOWN OR LOCATION OF I	7. DATE OF BIRTH (Month, Day, Year)	Cour	CAROLINA
/	Huspital		Baltimor		N/	
	N/A		OWN OR LOCATION ALTIMORE			10d. INSIDE CITY LIMITS? 1X YES 2 NO
		152	101, ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?
10e. STREET AND NUMBER 2706 E. CHAS: 11. MARITAL STATUS	E STREET 12. WAS DECEDENT EVE	D IN U.C. ADMCO.	21213		U.S.	
3 Widowed 4 Divorce	FORCES? 1 X Y	ES 2 NO	13. WAS DECENDENT OF HISP/ If yes, specify Cuben, Maxic 1 PES 2 NO Spec	an, Puarto Rican, etc.)	Bia	CE — American Indian, lek, Whita, atc.
(Connected made to	ENT'S EDUCATION ghesi grade completed)	16a. DECEDENT'S USU (Give kind of work life. Do NOT use re	done during most of working	18b. KIND OF BUS	SINESS/INDUSTRY	
Elementary/Secondary (0-12 8TH 17. FATHER'S NAME (First, Midd)	College (1-4 or 5+) N/A	FORKLIGHT		BETHLEH	EM STEEL	
17. FATHER'S NAME (First, Midd				AME (First, Middle, Maiden		
JESSIE MITC				TT DUNSON		
19a. INFORMANT'S NAME (Type			ORESS (Street and Number or Rura			
TANGEE MITCH	V.	2706 E	CHASE ST./BA		CATION — City or	Your State
1 S Burlel 2 Cremation 4 Donation 6 Other (Sc	3 Removal from State	cemetery, cremetory or other		1	NGS MILL	
21. SIGNATURE OF FUNERAL S		GARGEISON FO	22. NAME AND ADDRESS OF F	ACILITY	MGO HILLI	עוז וכו
1	V36		MARCH F.H. E			
Sequentially list condition if any, leading to immedia cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. VNG	S A CONSEQUENCE OF): S A CONSEQUENCE OF): S A CONSEQUENCE OF):	and left	pnevmon	nectory	(0913
PART ii. Other significant	conditions contributing to dest	h but not resulting in the hard miles,	he underlying ceuse given in	Pert I. 24a. WAS AN PERFOR	MED?	Ib. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
25. WAS CASE REFERRED TO N EXAMINER?	HOSPITAL:	o	26. PLACE OF DEATH (C	heck only one)		
1 TYES 2 NO	1 Inpetient 2 ER/C	Autpatient 3 DOA 4	Nursing Home 5 - Residence	1		
Manufai 5 Pei	26a. DATE OF INJUI		M 1 YES 2 NO	28d. DEŞCRIBE HOW II	NJURY OCCURED	
	uld not be armined 28e. PLACE OF INJUDENT STATE	JRY — A1 home, farm, stree Specify)	t, factory, office	28f. LOCATION (Street a City or Town, State)	and Number or Rura	l Route Number,
	ING PHYSICIAN: To the best of my kr L EXAMINER: On the bests of examina					(a) end manner as stated.
296. SIGNATURE AND TITLE OF	mo		29c. LICENSE NU m D v n ll proctition	(Pused Cale	29d. DATE SIGNE	D (Month, Dey, Year)
DAVID M	ERSON WHO COMPLETED CAUSE OF	DEATH (ITEM 27) (Typo, Prince) 27 Medici	re Univ Uce		S. Gren	21250 ps 57 Ball 1
31. DATE FILED (Month, Day, Year JUN 1	32. REMSTRAR'S S	GNATURE RONALL				

BALTIMORE, MARYLAND 21215-0020

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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1 DECEDENT'S NAME (First Middle Leet) 2. DATE OF DEATH MONTH 3. TIME OF DEATH YEAR GINEVRA MUNDING 06 94 10:30 P 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year) 5. SEX 6. AGE (In vrs. last birthday IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign Country) DAYS 99 1 M 2 X F 214-40-5303 01-14-1895 MARYLAND Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH RECTOR ST. JOSEPH'S NURSING HOME CATONSVILLE BALTIMORE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY ō MARYLAND BALTIMORE CATONSVILLE 1 TYES 2 NO permit. FUNERAL 10e. STREET AND NUMBER 10f ZIR CODE 10g. CITIZEN OF WHAT COUNTRY? 328 WESSLING CIRCLE the burial-transit 21228 U.S.A. retained by the hospital or attending physician. 5 should be detached for use as the burial-tran 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 X NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No -14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 1 Never Married 2 Married If yea, specify Cuban, Maxican, Puerlo Rican, etc.) 1 TYES 2 XNO Specify: BY Specify: 3 Widowed 4 Divorced WHITE ED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only hi ET College (1-4 or 5+) Elementary/Secondary (0-12) COMPL 5+ TEACHER BALTIMORE CITY SCHOOLS Once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First Middle Meiden Surname) ĕ CHARLES O. MUNDING DORA J. REUTER BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 page 5 s ERNEST TENLEY JR. (FRIEND) 328 WESSLING CIRCLE CATONSVILLE MARYLAND 21228 ours after death. Page 6 may be pe 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, State must Burlal 2 Cremation 3 Removal from State NEW CATHEDRAL CEMETERY 06/09/94 4 Donation 5 Other (Specify) BALTIMORE, MARYLAND examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY funeral (Lus LEROY M & RUSSELL C WITZKE FUNERAL HOMES in by the f 1630 FDMONDSON AVENUE CATONSVILLE MARYLAND medicai 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate ahock, or heart failure. List only one cause on each line. Interval Between 0 Onset and Death the cremation. disease or condition resulting in death) Lawrence completely event, TO (OR AS A CONSEQUENCE OF): Theurselistic Cardio Karekay burial. traumatic CERTIFICATION and Sequentially list conditiona, DUE TO (OR AS A CONSEQUENCE OF) 2 If any, leading to immediate cause. Enter UNDERLYING physician Dinas Drior CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST attending 6 Mental injury. signed by the a PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AMAIL ARLE PRIOR TO shows any COMPLETION OF CAUSE OF DEATH? Health 1 TES 2 NO 1 YES 2 NO of h PHYSICIAN: DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO PORT Dept. 23 has 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF OEATH (Check only one) Hem State **EXAMINER?** certificate 1 TYES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) 10 the 27. MANNER OF CEATH 28a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT 28d. OESCRIBE HOW INJURY OCCURED marked, with this INJURY 1 Natural 1 YES 2 NO BY Investigation After death 2 Accident 28s. PLACE OF INJURY - At home, farm, street, factory, office 3 Suicida 281. LOCATION (Street and Number or Rural Route Number, City or Town State) 99 8 Could not be DIRECTOR: after 28 4 Homicide COMPLET hours tem 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, desth occurred at the time, data and placa, and due to the cause(s) and manner as stated. FUNERAL I = TO THE HOSPITA
TO THE FUNERA
be filed within 72
IMPORTANT: II 2 MEDICAL EXAMINER: On the basis examination and/or investigation, in my opinion, death occured at the time, date and piece, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29d. OATE SIGNED (Month, Day, Year) Mejaudis 9 M. HAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

OHMH-16 Rev 1/89



JUN 1 0 1994

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with chost after death. Page 6 may be retained by the hospital or attending physician.

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	1 - STATE OF MAR	YLAND / CE	DEPARTMEN ERTIFICAT	IT OF HI	EALTH AND I	MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last)		110			2. DATE OF OEATH	DAY 1	3. TIME OF OEATH
	Irving NMI 4. SOCIAL SECURITY NUMBER 5. SEX 6. A	GE (In yrs. lest	/ vay	ER 1 YEAR		6	4 91	4 8-1 P 11
	060-16-033 1×1 20F	76	YRS. MONTHS	DAYS	IF UNDER 24 HRS. HOURS MIN.	2. DATE OF BIRTH (Month, Day, Year) 2. 16	18	New York
DIRECTOR	98. FACILITY NAME (If not institution, give street and number) Holy Cross Hospital Soo For Silver.	Spring Spring	mpd 96. CIT		Solve	~ Spring, n	9c. COUNT	y of DEATH
EC	10a. STATE 10b. COUNTY		10c. CITY, TOWN	OR LOCATI	ION			10d. INSIDE CITY
	Maryland Montgomery		Silver	Spri	ing			1 YES 2X NO
FUNERAL	10e. STREET AND NUMBER			1	ZIP CODE			N OF WHAT COUNTRY?
NE	917 Brentwood Lane 11. MARITAL STATUS 12. WAS DECEDENT EVE				20902			d States
В	1 Never Married 2XMarried FORCES? 1 Y FYES, GIVE WAR O			If yes, spe	effy Cubsn, Maxica 2X NO Specifi	NIC ORIGIN? (Specify Ya in, Puarto Rican, etc.) y:	a or No — 14	4. RACE — American Indian, Black, Whita, atc. Specify: Caucasian
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	17. FATHER'S NAME (First, Middle, Last) HAYTY	Ma	ay		16. MOTHER'S NA Esthe	ME (First, Middle, Malder		Prostkov
) BE	19a. INFORMANT'S NAME (Type/Print)	19b	MAILING AOORES	SS (Street an	nd Number or Rural i	Route Number, City or Tov	vn, State, Zip Co	ode)
유	Florence L. May		Same add	lress	as #10			
			NODATE OF DISPO			ns 1991,		y or Town, State S Church, Va.
	21. SIGNATURE OF UNERAL SERVICE LICENSEE			Ives-		Funeral H	iomes	
	23. PART / Enter the diseases, or complications that ceu	and the de-	ath Do not cote			rch, Virgi		22046
	iMMEDIATE CAUSE (Final	n eech line.						Approximate interval Between Onaet and Death
	disease or condition resulting in death)	polm	onary	A	rrest			none
NO	disease or condition a. Cordio DUE TO (OR Sequentially list conditions,	AS A CONSEC	UENCE OF):	rdio	vascul	ar diseo	se	years.
CAT	if any, leading to immediate cause. Enter UNDERLYING							į
RTIFICATION	CAUSE (Disease or injury that initiated events resulting in deeth) LAST	AS A CONSEQ	UENCE OF):					
3	PART ii. Other algnificant conditions contributing to deat	th but not s	aultina in the u	12 d o ab do a	savas alvas la	Book I as una se		
MEDICAL	Carcinoma et lung	an but not re		anderlying	cadae given in	Part i. 24a. WAS APPERFO	RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
4: ME								1 TES 2 NO
NA I	25. WAS CASE REFERRED TO MEDICAL			26. PL/	ACE OF DEATH (Ch	eck only one)		
) S	EXAMINER? 1 Ves 2 NO HOSPITAL: 1 Inputant 2 ER/C	Outpetlant 3	CDOA 4 No		5 🗌 Residence	6 Other (Specify)		
Y PHYSICIAN:	27. MANNER OF DEATH 1 Natural 5 Pending (Month, Day, Ve. 1) 2 Accident Investigation		26b. TIME OF INJURY M	28c. INJU WOF 1 Y		26d. DESCRIBE HOW	INJURY OCCU	RED
ETED BY	2 Accident Investigation 3 Suicide 5 Could not be determined 26a. PLACE OF INJI building, stc. (s	URY — At hor Specify)	ne, ferm, street, fac	ctory, office		281. LOCATION (Street City or Town, State		Rural Route Number,
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my kill one) 2 MEDICAL EXAMINER: On the basis of examin.	nowledge, des	ith occurred at the	time, date o	end place, and dua	to the cause(e) end ma	nner ee stated	,
	29b. SQNATURE AND TITLE OF CERTIFIER			T				
TO BE	Kaymond M. White	MD			D435	39	≥ 6	SIGNEO (Month, Day, Year) 4 94

D4353 CERTIFIE 29d. DATE SIGNEO (Month, Day, Year) 94 6 AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)

Porest Glen Rd, Silver 1500 MD 20910 32. BEGISTRAR'S SIGNATURE
GINE JEWISON ANDSEL 31. DATE FILEO (Month, Day, Year) 0 1994

hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within moverns after death. Page 6 may be retained by the h	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detail	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH Nawrocki 3. TIME OF DEATH YEAR Facult 75 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH (Month, Day, Yee IF UNDER 24 HRS DAYS HOURS 1 M 2 F 212-16-2521 YRS. 74 11-16-1919 Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FUNERAL DIRECTOR Mason F. Lord Geriatric Center Baltimore City 10e. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Baltimore City Maryland Dundack 1 YES NO Baltimore 10a. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 419 South Cornwall Street 21224 United States 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Maxican, Puerto Rican, etc.) 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2X NO IF YES, GIVE WAR OR DATES 1 Never Married 2 Merried specify: White 1 TYES 2 X NO BY Specify 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working 16b, KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 10th Grade Continental Can Company Assembly Line 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumami Francis J. Nawrocki Vincentina Smierdzinski BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mrs. Terri A. 2329 Searles Road Dundalk. Maryland Antley 20a, METHOD OF DISPOSITION
129 Burial 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 206. PLACE AND DATE OF DISPOSITION ! DATE 20c. LOCATION - City or Town, State Hilltop Service Corpom. 6/11/94 Baltimore. 21. SIGNATURE OF PONERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
Duda⇔Ruck Funeral Home of Dundalk, Inc. regon 7922 Wise Ave. Dundalk. MD 21222 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdisc or respiratory arrest, shock, or heart failure. List only one ceuse on each line. Approximate IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) 52 0.000 DUE TO (OR AS A CONSEQUENCE OF): menna co poetenc 0 CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE MEDICAL IMMARIR SD 1 - YES 2 1 NO OF DEATH? 1 TES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL: OTHER: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA ne 6 🗆 Rasidence 8 🗆 Other (Specify) 27. MANNEB OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide COMPLETED 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, end due to the cause(e) and manner se stated. 2 MEDICAL EXAMINER: Off the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 206, SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) BURTO 21224 0 31. DATE FILED Month O 32. RESISTRANS SIGNATURE

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DIVISION OF VITAL RECOF

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Jours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burla-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYL		ENT OF HEALTH AND	MENTAL HYGIENE REG. NO.						
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH MONTH DAY	YEAR	3. TIME OF DEATH				
		ANIEL	NEW	SR.	06 06	94	3:45 P. M				
	4. SOCIAL SECURITY NUMBER 219-07-5497	5. SEX 8. AGE (UNDER 1 YEAR IF UNDER 24 HRS. ITHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. BIR	TTHPLACE (State or Foreign untry)				
	9a. FACILITY NAME (If not institution, give si		12	CITY, TOWN OR LOCATION OF DI	12-26-21	Dc. COUNTY OF	MARYLAND DEATH				
DIRECTOR	BON SECOUR EXTENT	DED CARE FACT		ELLICOTT CI		HOW					
REC	10a. STATE 10b. COUNTY		10c. CITY, TO	OWN OR LOCATION		34	10d. INSIDE CITY LIMITS?				
	MARYLAND PRING	CE GEORGE		GREENBELT		40	1 TES 2X NO				
FUNERAL	7826 HANOVER PARI	KWAY #204		101. ZIP CODE 207			F WHAT COUNTRY?				
S	7826 HANOVER PARKWAY #204 20//0 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yee or No										
IF YES, GIVE WAR OR DATES 1 YES 2Y NO Specify: Specify:											
	3 Widowed 4 Divorced	227/01/	- CONTRACTO MAN				WHITE				
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) [Give kind of work done during most of working life. Do NOT use retired.] [So NOT use retired.]										
PP.	Elementery/Secondary (0-12) College (1-4 or 5+) 2 SUPERVISOR C & P TELEPHONE COMPANY										
00	17. FATHER'S NAME (First, Middle, Last)				ME (First, Middle, Maiden Sui		T COUL BIOL				
BE (ANDREW J. NEW				. JANOWIAK						
2	19e. INFORMANT'S NAME (Type/Print)	(COM)		DRESS (Street and Number or Rural							
	DANIEL NEW JR. 200. METHOD OF DISPOSITION	(SON)	7826 HAI		EENBELT, MAI	RYLAND TION — City or					
	1 Burial 2 Cremation 3 Remo	oval from State cem	netery, crematory or other p	place) 06-09	-94						
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY										
	flemence	with		LEROY M & RUS							
	23. PART I. Emer the diseases, or o	complications that caused	d the death. Do not a	1630 FDMONDSO	N AVENUE CA h as cardiac or respirat	NSV LI	Approximate				
	ahock, or haart fallure.	List only one cause on e	each Ilna.				Interval Between Onsat and Death				
	disease or condition reaulting in dasth)	. KASUMN?	DON'TA / S	Ed St.C							
		OUE TO (OR AS A	CONSEQUENCE OF):								
ON	Sequentially list conditions, if sny, leading to immediate	b. DUE TO (OR AS A	CONSEQUENCE OF):								
CERTIFICATION	csuse. Entar UNDERLYING CAUSE (Disease or injury	. HOL	M								
TH	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):								
HH	reauting in death) LAST	d									
AL C	PART II. Other significant condition	s contributing to death b	ut not resulting in th	ne undarlying cause givan in			4b. WERE AUTOPSY FINDINGS				
	No.				PERFORME 1 YES 2		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
ME	1261182017	-					1 YES 2 NO				
AN	DID TOBACCO USE	CONTRIBUTE TO	CAUSE OF E								
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	97	26. PLACE OF DEATH (Ch							
HYS	27. MANNER OF OEATH	1 Inpatient 2 ER/Outp	28b. TIME OF		8 Other (Specify) 28d. OESCRIBE HOW thul	JRY OCCUREO					
ВУ Р	Netural 5 Pending Investigation	(Month, Day, Year)	INJURY	M 1 YES 2 NO							
	3 Suicide 8 Could not be	28e. PLACE OF INJURY building, atc. (Spec	f — At home, ferm, street	t, fectory, office	28f. LOCATION (Street and City or Town, State)	Number or Rurs	al Route Number,				
ETE	4 Homicide determined						· .				
COMPLETED	000)			the time, date end place, end due							
8	2 MEDICAL EXAMINE		n end/or investigation, in	my opinion, death occured at the	time, date end place, end d	ue to the ceus	e(e) end menner ee stated.				
BE	284 SMANATURE AND TITLE OF CERTIFIER	A		29c. LICENSE NUI	ABER 2	9d. OATE SIGN	ED (Month, Day, Year)				
2	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type Prin	1/2/11		6/7	- UV				
	H.A. OKTEL	3460 EU	LICOTT	Coster D	N EC	MO	21044				
	31. DATE FILED JAHANDON HOURS 199	4 32. REGISTIAN'S STON	don- Andere								

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with chosts and completely filled in by the funeral director, page 5 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR 1 - STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFICA	ALE OF	DEATH	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, List)	1/11 55=	NBLA	77		2. DATE OF OEATH DA		ZEAR 3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER			INDER 1 YEAR		JUNE C		4 9 CA W
		1 M 2 K F		THS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)
	9a. FACILITY NAME (If not institution, give street	et and number)		CITY, TOWN (OR LOCATION OF DEA	June 20.	9c. COUNT	Y OF DEATH
DIRECTOR	Hebrew Home of	Greater Wa	ashingto	n R	ockville	9	Me	NTGOMERY
Ä	10a. STATE 10b. COUNTY		10c. CITY, TO	WN OR LOCAT	TON			10d. INSIDE CITY
	Maryland Mon	tgomery	Rog	ckvil				1 X YES 2 □ NO
FUNERAL				101	. ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?
NE I	6121 Montrose R	COAD	II C ADMED	42 480 050	20852	ORIGIN? (Specify Yea	Unit	ed States
	1_ Never Married 2 Married	FORCES? 1 YES	2 NO	if yes, sp	ecify Cuban, Mexican,		or No —	I. RACE — American Indian, Black, White, atc.
ВУ	3-Widowed 4 Olvorced	" TES, GIVE HAN ON DA	163	I 🗌 TES	2 NO Specify:			Specify: White
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade co	TION empleted)	16a. DECEDENT'S USU. (Give kind of work	done during mo		16b. KIND OF BUS	INESS/INDUS	STRY
P.E.		College (1-4 or 5+)	life. Do NOT use reti			Own Ho	OM6	
MO	-12-		Homemake	er	18 MOTHED'S NAME	E (First, Middle, Maiden		
	Joseph Blau						<i>Surrieme)</i>	
) BE	19a. INFORMANT'S NAME (Type/Print)					ute Number, City or Town		
2	Robert Nussenbl	att	9206 Ce	edarc	rest Dri	ve Beth	esda,	Md. 20814
	20a. METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Remove		PLACE AND DATE OF DI		ime of			y or Town, State
	21. SIONATURE OF TUNERAL SERVICE LICES	/ M/	ntefior	Cem	etery	D / D	York	, New York
	21. SIGNATORE OF PRINCE STATE STAT	Tal - /	10			I FUNERAI	г. ном	271
1	1 Comar	X Cun	xer.	FALL	3 CHURCE	I, VA. 22	2046	
	23. PART I. Enter the diseesea, or con ahock, or heart failure. Lis	mplications that caused st only one cause on ea	the deeth. Do not e ch line.	nter the mo	de of dying, auch	ee cardiac or reepli	ratory arres	t, Approximate interval Between
	IMMEDIATE CAUSE (Final disease or condition	6EA	SICAC	- //^	12	1111/2	Cau	Onset and Death
	resulting in death) a.		SIS OF	- 41V	DETER	MINNE	204	KCE 2 Drys
_			30.102.302.1102.31 j.	***				j
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF):					
CA	CAUSE (Disease or Injury							
	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):					
8	d.							
	PART II. Other algnificent conditione			e underlyln	g cause given in P	art I. 24a. WAS AN . PERFOR		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
EDICAL	DIABUTES		LITUS	- 0	- 4 -	1 T VEC 2		COMPLETION OF CAUSE OF DEATH?
M	PARKINSO				COMPLE	X		1 TYES 2 NO
Z	DID TOBACCO USE CO	INTRIBUTE TO C	CAUSE OF DE	ATH Y	ES NO			
PHYSICIAN:		HOSPITAL:	O.	HER:	ACE OF OEATH (Chec			
¥ l	1 YES 2 NO 1	28a. DATE OF INJURY	16ent 3 DOA 4	Nursing Hom 28c. INJ	e 5 Residence 6	Other (Specify) 28d. OESCRIBE HOW II	THEN OCCU	nen.
	1) Natural 5 Pending	(Month, Day, Year)	INJURY	WO	RK?	ZOU. OEȘCHIBE HOW IP	SORT OCCO	HED
D BY	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY	At home, farm, street			281. LOCATION (Street a	nd Number or	Rural Route Number,
Ē	4 Homicide determined	building, atc. (Special	77)			City or Town, State)		
7	29e. CERTIFIER CERTIFYINO PHYSICIA	AN: To the best of my knowle	idge, death occurred at	the time, date	end place, and due to	the cause(a) and men	ner as stated	
COMPLETE								cause(a) and menner ea stated.
w	29b. SIGNATIME AND TITLE OF CERTIFIER	CL 01			29c. LICENSE NUMB	ER	29d. DATE S	BIGNEO (Month, Day, Yeer)
10 B	Meselling	. Staff Ih	ysician		1)/80 8	F4	▶ 6	14/94
-	30. NAME AND AGORESS OF PERSON WHO	COMPLETED AUSE OF OEA	TH (ITEM 27) (Type, Print	TOOM	en R	deville	1.0	
	31. DATE FILED (Month, Day, Year)	32. RESISTRAR'S SIGNA		الرناق	- 100 10	ordine	MI	1.20532
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	REGISTRAR 1. DECEDENT'S NAME (First,	, Middle. Last)			CERTIF	ICALE	UF	DEATH	REG. NO	0.	Tai	TIME OF DEATH
			on Penn						MONTH	ີ່ 1994	EAR 3.	TIME OF DEATH
	4. SOCIAL SECURITY NUME		5. SEX	8. AGE (In	yrs. last birthday)	IF UNDER t		IF UNDER 24 HRS.	7. DATE OF BIRTH			ICE (State or Foreign
	212-10-546		1 🗌 M 2 💢 F	8	3 YRS.	MONTHS	DAYS	HOURS MIN.	(Month, Day, Year) 07/30/12	:]]	Country) Maryl	and
I	9a. FACILITY NAME (If not in					9b. CITY, 1	TOWN O	R LOCATION OF D	EATH	9c. COUNT	Y OF DEAT	н
	4134 Annap	olis F	Rd. Apt.	2-B		Balt	imo	re High	lands	Balti	more	
	10a. STATE MD	10b. COUNT	imore		10c, CIT	y, town on Balt						d. INSIDE CITY LIMITS? YES 2X NO
	104. STREET AND NUMBER 4134 Annap	olis F	Road, Apt	. 2-B			10f.	21227		U.S	N OF WHAT	T COUNTRY?
	11. MARITAL STATUS 1 Never Merried 2 3 Widowed 4 Divo		12. WAS DECEDENT FORCES? 1 IF YES, GIVE V NONE	YES	2 NO	11	yes, spe	ENDENT OF HISPA ecity Cuban, Maxic 2 NO Spect	NIC ORIGIN? (Specify Year, Puerto Ricen, etc.)		Specify:	
ı		EDENT'S EDU		1	8a. DECEDENT'S	USUAL OCC	CUPATIO	iN .	16b. KIND OF B			
	Elementary/Secondary (0		College (1-4 or 5		(Give kind of life. Do NOT u	1	ining mos	st or working				
	6	Edds (- a)			Homemak	er			Self			
1	17. FATHER'S NAME (First, M	ark						18. MOTHER'S NA	AME (First, Middle, Maide	n Surname)		
	19a. INFORMANT'S NAME (7				19b. MAILING	ADDRESS (Street ar	nd Number or Rural	Route Number, City or To	wn. State. Zio C	ode)	
	Norman D.	Penn				inton			Glen Burn		MD	21061
ŀ	20s, METHOD OF DISPOSITE	n 3 Rem	ovat from Stata	20b.Pl	LACE AND DATE	OF DISPOSIT				OCATION — CR		
	4 Donation 5 Qther	(Specify)		Ce	dar Hil				6/10	Brookl	yn Pa	rk, MD
	+ House	1/71	na an						Spring Ro			
	23. PART i. Enter the di ahock, pr h	iseasea, Dr eart fallure.	complications the								t,	Approximata Interval Batween
	iMMEDIATE CAUSE (Findisease or condition resulting in death)		a. 1/\	YOU	ANE	MA	/	NPM	KTON	_		Onset and Daath
			DUE TO	(OR AS A C	ONSEQUENCE O	F):						
	Sequantially list conditi		b. DUE TO	(OR AS A C	ONSEQUENCE O	FI:						
	if any, laading to imme- cause. Entar UNDERLY	ING		1	10						İ	
	CAUSE (Disease or inju		DUE TO	(OR AS A C	ONSEQUENCE O	F):						
	resulting in death) LAS	T L	d									
1	PART ii. Other algnifica	nt condition	a contributing to	death but	npt reaulting	in the und	eriying	cause given in		N AUTOPSY	24b. WEI	RE AUTOPSY FINDINGS
									PERFO	PRMED?	COI	MPLETION OF CAUSE
							_					DEATH?
	DID TOBACCO		CONTRIBUTI	E TO C	AUSE OF	DEATI	H Y	ES NO				
	25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL	HOSPITAL:			OTHER:		ACE OF DEATH (C)	heck only one)			
	1 YES 2 NO		1 Inpatient 2	_	ent 3 DOA		ng Home		8 Other (Specify) 28d. DESCRIBE HOW	IN ILIBY OCCU	BEO	
		Pending Investigation	(Month, L			JURY M	WOI	RK? ES 2 NO	Eva. DESCRIBE NOW	MOONT OCCO	NED	
П	3 Suicide 8	Could not be	28e. PLACE C building,	OF INJURY — , atc. (Specify)	At home, farm,	street, factor	y, office	1	28f. LOCATION (Street City or Town, Stett		Rural Route	Number,
3	4 Homicide											
	20a CERTIFIER	TIFYING PHYS	ICIAN: To the best of	my knowled	ge, death occurr	ed at the time	a date	and place and do	to the council and	anner en etet- 4		
MPLEIEU	29a. CERTIFIER (Check only								to the cause(a) and m			d manner as stated.
BE COMPLETED BY	29a. CERTIFIER (Check only	ICAL EXAMINE	R: On the basis of e						time, data and placa, a	and due to the	cause(a) and	d manner as stated.

(TTEM 27) (Type, Print)

DHMH-16 Rev 1/69



30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH

122. REGISTRAR'S SIGNATURE

31. DATE FILED (Month Day, Year)

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DIVISION OF VITAL RECORDS, P.O. BOX 6876

	FOR
1	STATE
	REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

		1. DECEDENT'S NAME (First, Middle, Last) PARSONS LOIS Jean Parsons 2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH MONTH DAY YEAR 3. TIME OF DEATH MONTH DAY YEAR 3. TIME OF DEATH													
		4. SOCIAL SECURITY NUMB	5. SEX 6. AGE (in yrs. lest b						24 HRS.	7. DATE OF BIRTH 8			8. BIRTHE	PLACE (State or Foreign	
Þ		212 20 37	1 □ M 2 🔀 F	00		MONTHS DAYS HOURS MIN.		(Month, Day, Year) 03/23/1926		26	6 Maryland				
3 should	æ	9a. FACILITY NAME (If not in			9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DE						ATH				
	OT	Harbor H		Baltimore ======					=						
ages	DIRECTOR	10e. STATE		10c. CITY, TOWN OR LOCATION 10d.						10d. INSIDE CITY LIMITS?					
ji.		Maryland 100. STREET AND NUMBER	G:	Glen Burnie							1 ☐ YES 2 🔣 NO				
114 Governors Court Apt. C 21														S.A	
physician. burial-tran	FUNI	11. MARITAL STATUS	MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. A					MED 13. WAS DECENDENT OF HISPANIC ORIGIN? ((Specify Yee or No.— 14. RACE American Indian,		
											Specify:				
attending se as the	ED	15. DEC	EDENT'S EDU	CATION	180.	DECEDENT'	USUAL C	CCUPAT	'ION	-	16b. F	IND OF BU	SINESS/IND	USTRY	White
5 5	E	(Specify only Elementery/Secondary (0	highest grade	College (1-4 or 5		(Give kind of life. Do NOT (work done use retired.)	during n	nost of worki	ng			03/11/23/11/03/11/1		
be be	COMPLET	12th Grade				nspe	ctor					a	nghou	se	
न के कि	ве со	17. FATHER'S NAME (First, M.	Н	arvey	Parsons					Rut	ME (First, Mic h E.	Sear	S		
y be retained I age 5 should be notified	70	Margaret				196. MAILIN 1205					Ba:				and 21224
ector, pa		20e. METHOD OF DISPOSITI	n 3 🗆 Remo	oval from State	E AND DATE	ATEOFDISPOSITION (Name of LOUber place)			DATE		CATION —		* 1		
		4 Donation 5 Other	//	ENSEE	LICEUA	T UII	22	NAME /	AND ADDRE	SS OF FA	6/10				Maryland
		George J. Gonce Funeral Home P.A.													
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within a nou pletely filled is cremation, or rent, the me		ahock, or heart fallers. List only one cause on each line. iMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):													
th certificate be execuending physician and I Hygiene prior to bur or other traumatic	CERTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Entar UNDERLYING CAUSE (Disease or Injury that initisted avents resulting in death) LAST b. Cavaronna of the breast Due to (or as a conscouence of): Respiratory Fashire of the breast of the													
uires that the signed by Health and Iws any Ir	MEDICAL	PART II. Other aignifica	nt condition	a contributing to	death but no	t raaulting	in tha u	nderiyi	ng cause	given in		4a. WAS AN PERFOI	RMED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
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TTENDI TOR: A after d		3 Suicida 8 4 Homicide	street, tac	street, factory, office 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)					oute Number,						
THE HAND THE EXAMINER: On the basic of my knowledge, certin occurred at the time, data and place, end due to the ceuse(a) and menner as stated one) 2 MEDICAL EXAMINER: On the basic of axaminstion end/or investigation, in my opinion, dasth occurred at the time, data end place, end due to the ceuse(a) and menner as stated one) 2 MEDICAL EXAMINER: On the basic of axaminstion end/or investigation, in my opinion, dasth occurred at the time, data and place, end due to the ceuse(a) and menner as stated one) 2 MEDICAL EXAMINER: On the basic of axaminstion end/or investigation, in my opinion, dasth occurred at the time, data and place, end due to the ceuse(a) and menner as stated one) 2 MEDICAL EXAMINER: On the basic of axaminstion end/or investigation, in my opinion, dasth occurred at the time, data end place, end due to the ceuse(a) and menner as stated one) 2 MEDICAL EXAMINER: On the basic of axaminstion end/or investigation, in my opinion, dasth occurred at the time, data end place, end due to the ceuse(a) and menner as stated one) 2 MEDICAL EXAMINER: On the basic of axaminstion end/or investigation, in my opinion, dasth occurred at the time, data end place, end due to the ceuse(a) and menner as stated one) 2 MEDICAL EXAMINER: On the basic of axaminstion end/or investigation, in my opinion, dasth occurred at the time, data end place, end due to the ceuse(a) and menner as stated one) 2 MEDICAL EXAMINER: On the basic of axaminstion end/or investigation, in my opinion, dasth occurred at the time, data end place, end due to the ceuse(a) and menner as stated one) 2 MEDICAL EXAMINER: On the basic of axaminstion end/or investigation, in my opinion, dasth occurred at the time, data end place, end due to the ceuse(a) and menner as stated one) 2 MEDICAL EXAMINER: On the basic of axaminstion end/or investigation, in my opinion, dasth occurred at the time, data end place, end due to the ceuse(a) and the ceuse(a) and the ceuse(a) and the ceuse(a) and the ceuse(a) and the ceuse(a) and the ceuse(a) and the ceuse(a) and t													end manner ee stated.		
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

BALTIMORE, MARYLAND 21215-0020

FOR STATE REGISTRAR

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1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Ne (ON SON 14 d Jun 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year IF UNDER 1 YEAR B. BIRTHPLACE (State or Foreign Country) IF UNDER 24 HRS DAYS HOURS 1 M 2 | F 217-84-2760 29 Marvland 9a. FACILITY NAME (If not institution, give street end number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Union Memorial Hospital N/A permit. Pages 1, 2, 3 Baltimore City RESIDENCE OF DECEDENT 10a STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore 1 X YES 2 | NO FUNERAL 100. STREET AND NUMBER Aisquith 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1428 Bieguith Street 21218 USA use as the burial-transit Page 6 may be retained by the hospital or attending physician. al director, page 5 should be detached for use as the burial-tran 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Maxican, Puarto Rican, atc.)

1 YES 2 NO Specify: 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 NO 1 Never Married 2 Married Specify: ΒY 3 Widowed 4 Divorced Black COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION 16b, KIND OF BUSINESS/INDUSTRY (Give kind of work done life, Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5 +) 7th grade Auto Mechanic 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) notified at Robert Nelson Bundy BE Evelyn Patterson 19a. INFORMANT'S NAME (Type/Print) 1822 McCulloh Street Baltimore, Maryland 2 Marsha Patterson pe 20a. METHOD OF DISPOSITION
1 □ Burlai 2 □ Cremation 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 6/9/9 20c. LOCATION - City or Town, State must 4 Baltimore, Maryland netery, crematory or other place) Donation 5 Other (Specify) Cemetery | 22. NAME AND ADDRESS OF FACILITY 7ion examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSES funeral 5240 Reisterstown Rd urs after death. F/H Baltimore, Md21215 Chatman-Harris the filled in by the fion, or removal. medical 23. PART I. Enter the dise ses, or complications that caused tha desth. Do not anter tha mode of dying, such as cardiac or respiratory srrest, failure. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Find cremation, the disease or condition mo nary month completely resulting in death) event. executed with DUE TO (OR AS A CONSEQUENCE OF) bunal. traumatic CERTIFICATION and Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): prior to if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disesse or Injury attending physician intal Hygiene prior to certificate be other DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in desth) LAST 6 the death signed by the atter Health and Mental Injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATN? PERFORMED? requires that any 1 YES 2 NO Shows 1 YES 2 NO peen 50 DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES PHYSICIAN: Dept. OR ATTENDING PHYSICIAN: The law 23 DIRECTOR: After this certificate has 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one tem State OTHER 1 YES 2 NO tient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) 9 the 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED marked, with 1 Natural 1 YES 2 NO BY death 2 Accident 26a. PLACE OF INJURY — Al home, farm, street, fectory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 00 3 Suicide ETED 8 Could not be after 28 i 4 Homicide hours Item COMPL 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. HOSPITAL FUNERAL within 72 h IMPORTANT: If 2 MEDICAL EXAMINER: On the basis of axe tion and/or investigation, in my opinion, death occured at the lime, data and place, and dua to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year BE 正当 1994 24 389 46-16 2 2 3 9 30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) DARWISH 201 Jer 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE DHMH-16 Rev 1/89

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BALTIMORE, MARYLAND 21215-0020	SICIAN: The law requires that the death certificate be executed within nours after death. Page 6 may be retained by the hospital or attending physician.	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	e medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fune be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1 - FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL	HYGIENE REG. NO.
1. DECEDENT'S NAME (First, Middle, Lest)		2 DATE O	E DEATH

1	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATN													
	Teresa						June 8, 1994			5:25 p. m				
	4. SOCIAL SECURITY NUME	1SSO 6. AGE (In yrs. last		s. last birthday)	ist birthday) IF UNDER 1 YEAR		IF UNDER 24 HRS.		7. DATE OF BIRTH		8 BIRTHPI ACE (State or Four			
	219-30-8317	1 □ M 2 🖾 F 78		YRS.	MONTHS	DAYS	HOURS MIN.		July 18,	1915	Countr	yland		
	9e. FACILITY NAME (# not in		9b. CITY	, TOWN	OR LOCATI	ION OF DE		_	NTY OF D					
œ	841 N. Linw			tim										
DIRECTOR	RESIDENCE OF DEC		Бал	L L Lini	OLE									
Ä	10a. STATE		10c. CIT	10c. CITY, TOWN OR LOCATION							10d. INSIDE CITY LIMITS?			
	Maryland	Bal	Ltimo	ore				1 🖾 YES 2 🗌 NO						
A	10e. STREET AND NUMBER				101. ZIP CODE						VHAT COUNTRY?			
BY FUNERAL	841 N. Linw	ood Av	enue		21205					U.S.A.				
5	11. MARITAL STATUS	3. ARMED 13. WAS DECENDENT OF NISPANIC					IIC ORIGIN? (Specify Yes or No- 14. RACE -			— American Indian,				
7	1 Never Merried 2 3 Divo		FORCES? 1 IF YES, GIVE V							n, Puerto Rican, etc.) /:		Specif	eck, White, etc.	
													White	
COMPLETED		EDENT'S EDUC highest grade		16e	Give kind of	work done	CCUPATI during me	ON ost of worki	ing	16b. KIND OF BU	JSINESS/IN	DUSTRY		
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MP	N/A		N/A		Self I	imp Lo	yed			Fruit		oduce		
8	17. FATHER'S NAME (First, M	iddle, Last)								ME (First, Middle, Malde	n Surname)			
BE	John Russo								_	ine Russo				
2	19e. INFORMANT'S NAME (7									Route Number, City or To				
	Jennie Russ		ter)			•			venue	e, Baltimo			21205	
	20e. METNOD OF DISPOSITI	n 3 🗆 Remo	oval from Stata	20b. PLA cemetery	CE AND DATE	of DISPOS	SITION (N	ame of		DATE 20c. L	OCATION —	City or To	wn, State	
	4 Donation 5 Other 21. SIGNATURE OF FUNETIA			Mos	t Holy						altin	nore,	Maryland	
	21. SIGNATURE OF FUNERA	1/1/	////	-				ND ADDRE		cility neral Home	e Tr	10		
	· WIL	UD)	1										. 21213	
	23. PART I. Enter the disesses, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest. Approximate													
	IMMEDIATE CAUSE (Fir		List only one car	ise on eech	line.								Onset end Desth	
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	resulting in destin)		DUE TO	(DR AS A COR	NSEQUENCE C	F):								
z	SEVERE DEBILITATION											6 MONTHS		
2	Sequentially list conditi If any, leading to imme	CONSEQUENCE OF):												
S	cause. Enter UNDERLY! CAUSE (Disease or Inju				STATIC CARCINONA OF KIDNEY							18 MONTHS		
TH	that initiated events resulting in death) LAS		DUE TO	(OR AS A CON	NSEQUENCE C	F):								
CERTIFICATION	rosuling in death) EAS		1											
	PART II. Other significa	nt condition	e contributing to	deeth but n	ot resulting	in the u	nderlyin	g ceuse	given in	Part I. 24a. WAS A	N AUTOPSY	24b.	WERE AUTOPSY FINDINGS	
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		EMIA								1 TYES	2 NO		OF DEATH?	
Σ			CONTRIBUT	F TO C	ALICE O	E DEA	711	VEC E	7 14	3			1 TYES 2 NO	
PHYSICIAN:	DID TOBACC 25. WAS CASE REFERRED TO		CONTRIBUT	E 10 C/	AUSE U	DEA			NO DEATH (Ch	ečk ontvone)				
Sic	EXAMINER?		HOSPITAL:	FR/Outpetler	# 3 □ DOA	OTHE	R:			6 Other (Specify)				
Ħ	27. MANNER OF DEATH		28e. DATE OF	INJURY	28b. Til	IE OF	28c. IN.	JURY AT	esiderica	28d. DESCRIBE HOW	INJURY OC	CURED		
ВУ Р		Pending Investigation	(Month, E	lay, Year)	IN	JURY M		ORK? YES 2 [NO	200. DESCRIBE NOW INSORT COCCURED				
	2 Culutda —	Could not be	28a. PLACE C	F INJURY - A	it home, farm,	atreet, fec	tory, offic	a		281. LOCATION (Street and Number or Rural Routs Number.				
ΞI		datermined	ounany,	atc. (Specify)						City or Town, State	9)		- On	
٦	29a. CERTIFIER 1 CERT	IFYING PNYSI	CIAN: To the best of	my knowledge	death occur	ad at the	time deta	and place	and due	to the cause(e) end m		4-4		
COMPLETED													end menner as stated	
- 11	2 MEDICAL EXAMINER: On the basic of axamination end/or investigation, in my opin													
29c. LICENSE NUMBER DO 7316										29d, DA	TU N	(Month, Day, Year) E 9 - 1994		
임	M. NAME AND ADDRESS OF	PERSON WHI	COMPLETED CALL		4	Drine)		I.				, ~ 111	1-1114	
	Dr. Joseph						100			edical Cen		мэ	21202	
	31. DATE FILED (Month, Day,			AR'S SIGNATUR		г цт	ice,	Sull	Le 90	, baltim	ore,	Md.	21202	
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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

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TO THE HOSPITAL OR ATTENDING	TO THE FUNERAL DIRECTOR: After	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.	MPC

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First Middle Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR Albert Joseph Reese May 1994 2100 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year) 5. SEX 6. AGE (In vrs. last birthday IF UNDER 1 YEAR IF UNDER 24 HRS 6. BIRTHPLACE (State or Foreign DAYS HOURS 220-01-5618A 1 XM 2 F 74 Sept. 17,1919 Maryland 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 1129 Quantrail 1129 Quandri RESIDENCE OF DECEDEN May DIRECTOR Way Baltimore 10e. STATE 10c, CITY, TOWN OR LOCATION 10b. COUNTY 10d. INSIDE CITY Maryland Baltimore 1 X YES 2 - NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1129 Quantril Way 21205 U. S. A. 12, WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 X Never Married 2 Merried SpecHy: White BY 3 Wildowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only hig College (1-4 or 5+) Elementary/Secondery (0-12) n/a n/a Machinist Brewery 17. FATHER'S NAME (First Middle Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Fredrick A. Reese Mary Bernard BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING AODRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Fred Reese (Brother) 1615 Prindle Drive, Bel Air, Maryland 21015 20g, METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION — City or Town, State Buriel 2 Cremation 3 4 Donetion 5 Other (Specify) Holy Redeemer Cemetery 6/4 Baltimore, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADORESS OF FACILITY Schimunek Funeral Home ugene 3331 Brehms Lane, Baltimore, Md. 21213 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, ahock, or heart failure. List only one cause on each line. Approximate Interval Batween Onset and Death IMMEDIATE CAUSE (Final disease or condition resulting in death) ATHOROSCUS POPU CAONIOUSS ULUBAN DUSKIDSF DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO 1 TES 2 NO COMPLETION OF CAUSE OF DEATH? MBELTIE 1 TYES 2 T NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES PHYSICIAN: NO F 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 - Nursing Home X Residence 6 - Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY 28c. INJURY AT WORK? 26b. TIME OF 28d, OESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY Investigation 2 Accident 3 Suicide 28e. PLACE OF INJURY — At home, farm, streel, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Homicide 29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end due to the ceuse(e) end menner ee stated. 2 🔀 MEDICAL EXAMINER: On the beels of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and menner se stated SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. OATE SIGNED (Month, Day, Year) BE C.M.E 9 1994 Tune PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) MARLAGUM KURKU MY 111 Penn Street, Baltimore, Maryland 21201 13. 31. DATE FILEO (Month, Day, Year) 32. REGISTRAR'S SIGNATURE

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BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

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	1 - STATE REGISTRAR	STATE OF MARYLAN	CERTIFIC	MENT OF I	HEALTH AND I DEATH		IYGIENE REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF		3	. TIME OF DEATH	
	ERIC ROGER	S				JUNE	. 07 1	994	10:30a	
I I	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In y		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF	BIRTH	8. BIRTHPL	ACE (State or Foreign	
	217 39 3057 9s. FACILITY NAME (If not institution, give si	1 M 2 F	YRS.	ONTHS DAYS	OR LOCATION OF DE	<u> </u>	4/93	MO MY OF OEA		
TOR	UNIVERSITY HOS				IMORE		30.000	TOP OEA		
DIRECTOR	10a. STATE 10b. COUNTY	1	10c. CITY,	TOWN OF LOCA	TION Ore				Od. INSIDE CITY LIMITS?	
	10e. STREET AND NUMBER				1. ZIP CODE				YES 2 NO	
FUNERAL	1826 N. Fulto	n Avenue		10	21217		US		AT COUNTRY?	
BY FUI	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U. FORCES? 1 _ YES 2 IF YES, GIVE WAR OR DATES	2 2 NO	If yea, sp	CENDENT OF HISPAN secify Cuban, Maxica 5 2 NO Specify	n, Puarto Rica		14. RACE — Black, V Specify: BLa	- American Indian, Whita, aic.	
E	15. DECEDENT'S EDUC (Specify only highest grade	CATION 16 completed)	Sa. DECEDENT'S US (Give kind of wor	rk done durina ma	ON ost of working	16b. KII	ID OF BUSINESS/IND	USTRY		
COMPLETED	n/a	College (1-4 or 5+)	life. Do NOT use i	n/a	L					
BE CON		Rogers					Brunso			
10	196. INFORMANT'S NAME (Type/Print) Mary Owens 196. Mailing ADDRESS (Street and Number or Rural Route Number, City, or Town, State Tip Code) 1107 N. Mount St. Balto., Md. 21217									
	20e, METHOD OF DISPOSITION 1 M Burlet 2 Cremation 3 Ramoval from State 4 Donation 5 Other (Specify) Capacity of Charge and Date of Disposition (Name of Capacity), Cramatory of Charge and Capacity and Capacity and Capacit									
	21. SIGNATURE OF FUNERAL SERVICE LIC	a Motor	7		S A. MO		& SONS Balto.	ьм	21217	
CATION	IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Sequentielly liet conditions, if eny, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CO	ONSEQUENCE OF):							
RTIF	CAUSE (Disease or injury that initiated events resulting in death) LAST	1								
EDICAL CERTIFICATION	that initiated events	d	not resulting in	the underlyin	g ceuse given in		I. WAS AN AUTOPSY PERFORMED?	0	MAILABLE PRIDR TO OMPLETION OF CAUSE F DEATH?	
MEDICAL	that initiated events resulting in death) LAST	d. s contributing to deeth but (_ x	PERFORMED?	0	MILABLE PRIDR TO OMPLETION OF CAUSE	
MEDICAL	PART II. Other eignificent condition DID TOBACCO USE C 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	s contributing to deeth but of CONTRIBUTE TO CA	AUSE OF I	DEATH Y	ES NO	eck only one)	PERFORMED? YES 2 NO	0	AILABLE PRIDR TO OMPLETION OF CAUSE F DEATH?	
MEDICAL	PART II. Other eignificent condition DID TOBACCO USE C 25. WAS CASE REFERRED TO MEDICAL EXAMINER? YES 2 \(\text{NO} NO	S contributing to deeth but of the contributing to deeth but of the contribution of th	AUSE OF I	DEATH Y 26. PI OTHER:	YES NO	eck only one)	PERFORMED? YES 2 NO	1	ALLABLE PRIDR TO OMPLETION OF CAUSE F DEATH?	
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BY PHYSICIAN: MEDICAL	PART II. Other eignificent condition DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be	CONTRIBUTE TO CA	AUSE OF I	DEATH Y 26. PI DTHER: Nursing Horn OF NV 1 1	TES NO LACE OF DEATH (Chi	5 Other (Sp. 28d. DESCRI	PERFORMED? YES 2 NO	CURED	MALABLE PRIOR TO OMPLETION OF CAUSE F DEATH? XYES 2 NO	
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LETED BY PHYSICIAN: MEDICAL	PART II. Other eignificent condition DID TOBACCO USE C 25. WAS CASE REFERRED TO MEDICAL EXAMINER? VEY YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only 1 CERTIFYING PHYSE)	CONTRIBUTE TO CA HOSPITAL: 1 Inpetlant 2 ER/Outpetle 28a. DATE OF INJURY 6 6 6 6 28c. PLACE OF INJURY	AUSE OF I	DEATH Y 26. PI DTHER: Nursing Hom Nursing Hom Nursing Hom 1 28c. IN. W 1 aet, factory, office at the time, date	TES NO LACE OF DEATH (Ch ne 5 Reeldenca JURY AT DRK? YES 2 NO se	eck only one) 6 Other (St. 28d. DESCRI BLUNT 28t. LOCATIC City or R / \$2.6 to the cause(i	PERFORMED? TYPES 2 NO POCIFY) BE HOW INJURY OCC FORCE INJ IN (Street and Number own, State) N. FULTON s) and menner as atat	CURED CURED CURES Or Rural Rou AVE.	MALABLE PRIOR TO OMPLETION OF CAUSE F DEATH? (X YES 2 NO TO HEAD TO Number, MD BALTIMORE	
LETED BY PHYSICIAN: MEDICAL	PART II. Other eignificent condition DID TOBACCO USE C 25. WAS CASE REFERRED TO MEDICAL EXAMINER? VEY YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only 1 CERTIFYING PHYSE)	CONTRIBUTE TO CA HOSPITAL: 1 Inpatiant Reference of injury (Month, Day, Year) 6 6 94 28e. PLACE OF INJURY — building, atc. (Specify) CIAN: To tha best of my knowledge. R: On the basis of axamination en	AUSE OF I	DEATH Y 26. PI DTHER: Nursing Hom Nursing Hom Nursing Hom 1 28c. IN. W 1 aet, factory, office at the time, date	TES NO LACE OF DEATH (Ch ne 5 Reeldenca JURY AT DRK? YES 2 NO se	BLUNT 281. LOCATIC City or R / \$2 &c. to the cause(time, data and	PERFORMED? YES 2 NO DOCTY BE HOW INJURY OCC FORCE INJ IN (Street and Number wm, State) N. Fullow s) and manner as atet I place, and due to th	CURED CURED CURES Or Rural Rou AVE. ed. a cause(a) a	MALABLE PRIOR TO OMPLETION OF CAUSE F DEATH? (X YES 2 NO TO HEAD TO Number, MD BALTIMORE	
BE COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other eignificent condition DID TOBACCO USE C 25. WAS CASE REFERRED TO MEDICAL EXAMINER? YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be detarmined 4 Homicide 6 Could not be detarmined 29a. CERTIFIER (Check only one) 27. MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTAFIER CONCAL ALL 29b. SIGNATURE AND TITLE OF CERTAFIER CONCAL ALL 29b. SIGNATURE AND TITLE OF CERTAFIER	CONTRIBUTE TO CA HOSPITAL: 1 Inpatiant 2 FLER/Outpatta 28a. DATE OF INJURY (Month, Day, Year) (A) Lef Of Lef Of Duilding, atc. (Specify) CIAN: To the basis of axamination en	At home, term, are	26. PI THER: Nursing Horn OF 28c. IN. WC DM 1 eet, tactory, office at the time, date In my opinion, of	LACE OF DEATH (Chine 5 Greedenca JURY AT DRK? YES 2 NO	BLUNT 261. LOCATIC City or R / \$2 U to the cause(stime, data and	PERFORMED? YES 2 NO DOCTY BE HOW INJURY OCC FORCE INJ IN (Street and Number wm, State) N. Fullow s) and manner as atet I place, and due to th	CURED CURED CURES Or Rural Rou AVE. ed. a cause(a) a	MALABLE PRIOR TO OMPLETION OF CAUSE F DEATH? (XYES 2 NO TO HEAD TO HEAD Number, MD BALTIMORE	
COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other eignificent condition DID TOBACCO USE C 25. WAS CASE REFERRED TO MEDICAL EXAMINER? YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only one) 27. MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTAFIER WHAT AND ADDRESS OF PERSON WHITE 30. NAME AND ADDRESS OF PERSON WHITE 201. CERTAFIER 1 CERTAFIER 1 CERTA	CONTRIBUTE TO CA HOSPITAL: 1 Inpatiant 2 FLER/Outpatta 28a. DATE OF INJURY (Month, Day, Year) (A) Lef Of Lef Of Duilding, atc. (Specify) CIAN: To the basis of axamination en	At home, term, are	26. PI THER: Nursing Horn OF 28c. IN. WC DM 1 eet, tactory, office at the time, date In my opinion, of	LACE OF DEATH (Chine 5 Residence JURY AT DRK? YES 2 NO	BLUNT 261. LOCATIC City or R / \$2 U to the cause(stime, data and	PERFORMED? YES 2 NO DOCTY BE HOW INJURY OCC FORCE INJ IN (Street and Number wm, State) N. Fullow s) and manner as atet I place, and due to th	CURED CURED CURES Or Rural Rou AVE. ed. a cause(a) a	MALABLE PRIOR TO OMPLETION OF CAUSE F DEATH? (XYES 2 NO TO HEAD TO HEAD Number, MD BALTIMORE	

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DIVISION OF VITAL RECORDS, P.O. BOX

er death. Page 6 may be retained by the hospital or attending physician,	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should thin the State Debt, of Health and Mental Hypiene prior to bunal, cremation, or removal.	al examiner must be notified at once.	
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed withher hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the i be filed within 72 hours after death with the State Deat; of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR CE			F DEATH		EG. NO.				
1	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF D	EATH		3. TIME OF DEATH		
8	CAROLYN RAINVILLE				монти 06	09	94			
1	4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last	t birthday)	IF UNDER 1 YEA	IF UNDER 24 HRS.	7. DATE OF B			9:26 a ^M THPLACE (State or Foreign		
- 1	216-34-2212 1 DM 2 🗵 F 56	YAS.	MONTHS DAYS	HOURS MIN.	1 0 6	1937	Cou	aryland		
	9a. FACILITY NAME (If not institution, give street and number)		95 CITY TOW	N OR LOCATION OF D			c. COUNTY OF			
DIRECTOR	Greater Baltimore Medical Cer	nter	_	owson	EAIN	90		timore		
E	10a. STATE 10b. COUNTY	18c, CITY	TOWN OR LO	CATION				10d, INSIDE CITY		
E	Maryland Baltimore Overlea							LIMITS?		
1	10e. STREET AND NUMBER		7.7.0.1.0	10f. ZIP CODE		100	or CITIZEN OF	WHAT COUNTRY?		
FUNERAL	7633 Rainville Avenue			21236	10.00			States		
BY FU	11. MARITAL STATUS 1 Never Married 2 X Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARI FORCES? 1 YES 2 X IF YES, GIVE WAR OR DATES	MED IO	If yes,	ECENDENT OF HISPAI apacify Cuban, Maxica ES 2 NO Specific	an, Puerto Rican	ecify Yea or f	Bia	Black, White, atc.		
	15. DECEDENT'S EDUCATION 16a. DF	050611710			100 000			White		
COMPLETED	(Specify only highest grade completed) (Gi	to NOT use	Ork done during	TION most of working	16b. KINI	D OF BUSINE	SS/INOUSTRY	1.0		
7	Elameritary/secondary (0-12) College (1-4 or 5 +)						14	. 1		
M	17. FATNER'S NAME (First, Middle, Last)	DOOK	<u>keepe</u>				lty S	ales		
8	, , , , , , , , , , , , , , , , , , , ,			18. MOTNER'S NA						
BE	Harry Brocato 19a. INFORMANT'S NAME (Type/Print) 19b.	*********			th Atk					
9				et end Number or Rural		,		- 04006		
				ville Av				e, 21236		
	AMP ALL ACT A LICENSE		PK. Ce				ion — city or	e, Maryland		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Mark	avoyn	a 22. NAME	AND ADDRESS OF FA	CILITY			,		
	Maile T. Zaroyna		Le	onard J.	Ruck	, Inc	C. Raltin	nore.21214		
	23. PART I. Enter the diseasee, or complications that caused the de	eth. Do no	ot enter the	node of dying, suc	h es cerdiec	or raepirato	ory erreet,	Approximate		
	ahock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Final									
	disease or condition RFSCIRATORY FAILUR									
	resulting in death) a. OUE TO (OR AS A CONSEC		1 /	/						
z	- CONG CANCER 16 MOS									
CERTIFICATION	Sequentially list conditions, if any, leading to immediate b. Due TO (OR AS A CONSEQUENCE OF):									
S	cause. Enter UNDERLYING CAUSE (Disease or injury									
	that initiated events OUE TO (OR AS A CONSEC	UENCE OF	:							
E	resulting in death) LAST									
	PART II. Other eignificent conditions contributing to death but not re		4							
MEDICAL	TAN II. Other eguincent conditions contributing to death but not h	eeuiting ir	the underly	ing ceuse given in	Part I. 24e.	PERFORMED		No. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
ŏ					10	YES 2	NO	COMPLETION OF CAUSE DF DEATH?		
Σ					_ [-	`	1 TES 2 NO		
ÿ	DID TOBACCO USE CONTRIBUTE TO CAUS	SE OF	DEATH	YES K NO						
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		OTHER:	PLACE OF OEATN (Ch	eck only one)					
YSI	1 TYES 2 NO Unpatient 2 ER/Outpetient 3			ome 5 - Rasidence	6 Other (Spe	ecify)				
H	27. MANNER OF DEATN 28e. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU		NJURY AT WORK?	28d. OEŞCRIB	E NOW INJUI	RY OCCUREO			
B	Pending Accident investigation		M 1	YES 2 NO						
	3 Suicide 8 Could not be 28a. PLACE OF INJURY — At hos building, etc. (Specify)	me, ferm, at	reet, tactory, or	fice	281. LOCATION	N (Street and I	Number of Rura	l Route Number,		
Ë I	4 Homicide determined		_							
2	29a. CERTIFIER (Check only 1 CERTIFYING PNYSICIAN: To the best of my knowledge, de	ath occurred	f at the time, d	ata end place, and due	to the cause(e)	end manner	as stated.			
COMPLETED	one) 2 MEDICAL EXAMINER: On the besis of examination and/or I	nvestigation	, in my optnior	, death occured at the	time, date and	place, and du	ue to the cause	e(e) and manner as stated.		
	29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NU	MBER	29	d. OATE SIGNI	D (Myllism, Diely, Year)		
BE	GICA NO.			1117	7211		6/	5/54		
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM	M 27) (Type.	Print)	1001	. /		-11	11/		
	GARY CONEN, MP. 65691	v. C	415 1	T. B1	270	40	212	04		
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE									
	JUN 1 0 1994 Stuistenden Rudge	A.						-		

DIVISION OF VITAL RECORDS, P.O. BOX 13146, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the law properties of the hospital or attending physician.
TO THE FUNERAL ORECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	TATE OF MARYLAND /	DEPARTMENT (ERTIFICATE		MENTAL HYGIEN REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last)	Publinstein			2. DATE OF DEATH DO	AY YEAR	3. TIME OF DEATH		
		SEX 6. AGE (In yrs. les			7. DATE OF BIRTH (Month, Day, Year)		RTHPLACE (State or Foreign ountry)		
	213 30 1340		March 25 1909 Poland						
DIRECTOR	9a. FACILITY NAME (# not institution, give street of Manor Care - Silver RESIDENCE OF DECEDENT			own or Location of DE er Spring	АТН	9c. COUNTY O			
<u>ي</u>	10e, STATE 10b. COUNTY		LOCATION			10d, INSIDE CITY LIMITS?			
		Georges	Beltsvi				1 VES 2 □ NO		
FUNERAL	3911 Beltsville Roa	nd		101. ZIP CODE 20705	5		SA		
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	WAS DECEDENT EVER IN U.S. AR FORCES? 1 VES 2 1 F YES, GIVE WAR OR DATES	NO If	S DECENDENT OF HISPAN es, specify Cuben, Mexica YES 2 NO Specify	n, Puerto Rican, etc.)	В	ACE — American Indian, Black, White, etc.		
윤	15. DECEDENT'S EDUCATION (Specify only highest grade come)	pleted) (G	CEDENT'S USUAL OCC		16b. KIND OF BU	ISINESS/INDUSTR	ry .		
PLETI		ollege (1-4 or 5+)	Do NOT use retired.) Nurse	_	Nursi	ng Home			
COMPL	17. FATHER'S NAME (First, Middle, Last)				ME (First, Middle, Maiden	Surname)			
BE (Theodore Rosenthal				Zelkovich				
2	19a. INFORMANT'S NAME (Type/Prini) Harriet Steinhorn-R			Street and Number or Rural : t Ember Dr			20903		
10	20e. METHOD OF DISPOSITION 1 Surial 2 Cremation 3 Regional	20b. PLACE	OF DISPOSITION (Nem	of cemetery, crematory or	20c. LC	OCATION — City o	or Town, State		
	4 Donation 5 Other (Specify)	Jew18	sh War Vet	erans Cemet			, Maryland		
	A South of the Control of the Contro	1/1/		AME AND ADDRESS OF FA					
8	23. PART I. Enter the diseases, or com	plications that caused the de		lls Church,			Approximata		
1, 110	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, on heart failure. List only one cause on each line. MMEDIATE CAUSE Final								
200		Dehydratio							
CERTIFICATION	Sequentially list conditions, if sny, lasding to immediata	s, oue to (or as a consequence of):							
FICA	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CONSE	QUENCE OF):						
BTI	regulting in desth) LAST								
L CE	PART II. Other significant conditions of	ontributing to death but not	reauiting in the und	erlying cause given in			24b. WERE AUTOPSY FINDINGS		
JICA I	Mabetes-	TypeII			PERFO	2 NO	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
MEDICA	Senile De	mentia				<i>''</i>	1 YES 2 NO		
AN:	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (C)	book only one)				
SICI	EXAMINER?	OSPITAL:	OTHER	ng Home 5 - Realdence					
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	-	8c. INJURY AT WORK?	28d. DESCRIBE HOW	INJURY OCCURE	D O		
BY	1 Natural 6 Pending 2 Accident Investigation	28e. PLACE OF INJURY — At h	Ome form street facto	1 YES 2 NO	28f. LOCATION (Street	t and Number or B	ural Bouts Number		
TED	3 Suickle 8 Could not be 4 Homtotde datermined	building, etc. (Specify)	ome, mm, steet, moto	y, ornce	City or Town, State		urai Pione Painton,		
COMPLETED	CONSCINUTE TO THE STATE OF THE	N: To the best of my knowledge, don the beste of examination end/or					use(e) end manner ee stated.		
BE	296. SIGNATURE (NO TITLE OF CERTIFIER	, 1		D 254	MBER 30	29d. DATE 516	WED (Month, Day, Year)		
5	30. NAME AND ADDRESS OF PENSON WHO C	CI - BOWIE	Rd #	307 La	urel MD	207	08		
	JUN 1 0 1994	Julia Davidson A	Inditt						

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ITEMS: 23 PART I, 27, 28a,b,d,e,f, PER MEO FILM G-712 6/22/94 t.t.

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTI	FICATE OF	DEATH	REG.	NO.	
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
	SHELIA		RONG			JÜNE	6 94	1:50
į	4. SOCIAL SECURITY NUMBER 213-70-0603		AGE (In yrs. last birthda 36 YRS	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year 6-10-)	BIRTHPLACE (State or Foreign Country) Maryland
	9e. FACILITY NAME (If not institution, give			9b. CITY, TOWN	OR LOCATION OF D		9c. COUNTY	
DIRECTOR	5000 CONANT WA	AY APT.#D		BALTI	MORE C	ITY		
<u> </u>	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	Y	10e (CITY, TOWN OR LOCA	ATION			10d. INSIDE CITY
E	Md.			Baltimo				LIMITS?
	10e. STREET AND NUMBER				Of. ZIP CODE		10g CITIZEN	OF WHAT COUNTRY?
FUNERAL	2808 Keyworth				21215		U	SA
ĕ I	1 X Wever Married 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EV FDRCES? 1 I	YES ZYZNO	II yes, s	CENDENT DF NISPA pecify Cuben, Mexico S 2 NO Specif	NIC DRIGIN? (Specify an, Puerto Ricen, etc.) fy:	Yes or No- 14.	RACE — American Indian, Black, White, etc. Specify: Black
	15. DECEDENT'S EDI (Specify only highest grad	JCATION e. completed)	16e. DECEDENT	I'S USUAL OCCUPAT	ION	16b. KIND DF	BUSINESS/INDUST	
	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NO	use retired.)	iost or working			
COMPLETED	12 th		Unemp	loyed				
8	17. FATNER'S NAME (First, Middle, Last)					AME (First, Middle, Mail	den Sumame)	
8	Burton Coe					Strong		
2	190. INFORMANT'S NAME (Type/Print) Gloria Green					Route Number, City or		
	204 METHOD OF DISPOSITION					Balto.		
	1 A Buriel 2 Cremetion 3 Rer 4 Donellon 5 Other (Specify)	noval from State	Drew ted tork	reofdisposition/M	emeterv		LOCATION — City	orTown,State le, Maryla
ŀ	21. SIGNATURE OF FUNERAL SERVICE L	CENSEE			ND ADDRESS DF FA	CHITY		
	· Demck	. C. S	kres			Derri		Jones F.H. alto., Md.
CERTIFICATION	Sequentially list conditions, if any, lasding to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initisted events resulting in death) LAST	b	INTOXICATIO AS A CONSEDUENCE AS A CONSEDUENCE	OF):	ED BY DROW	INING		
CE	PART II Other similiant on this	d			4			
MEDICAL	PART II. Other algnificant condition	ns contributing to das	ith but not resulting	g in the underlyin	ng cause given in	PER	AN AUTOPSY FORMEO? 3 2 NO	24b. WERE AUTOPSY FINDI AMAILABLE PRIOR TO COMPLETION DF CAUS DF DEATN? 1 YES 2 ND
	DID TOBACCO USE	CONTRIBUTE T	O CAUSE C	F DEATH	YES NC			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. P	LACE DF DEATH (CA	neck only one)		
YSI	XXYES 2 ND	1 - Inpatient 2 - ER		4 - Nursing Hor	me XXResidence	6 Other (Specify)		
표	27. MANNER OF OEATN 1 Natural Security Purishing	26e. DATE DF INJU (Month, Day, Y		MAINT M	JURY AT ORK?	28d. OEŞCRIBE ND		ED
⋒	2 Accident Investigation	FOUND 6-6			YES 2 ND	UNKNOW		
	3 Suicide 6 Could not be 4 Nomicide determined	building, atc.			ce	City or Town, St	et end Number or F ate) 5000 COI	NANT WAY, APT.
<u> </u>	29e. CERTIFIER			N BATHTUB		BALTIMORE	MARYLAND	
COMPLETE	(Check only	ER: On the best of exami						ruse(s) end manner es state
- 11	296. SGNATURE AND TITLE OF CERTIFIE				29c. LICENSE NUI			GNED (Month, Day, Year)
8	Marie the	Mall			O.C.M.			
2	30. NAME AND ADDRESS OF PERSON W	O COMPLETED CAUSE D	LA					NE 07,1994
-	31. OATE FILED (Month, Day, Year)	22 DESIGNATION	CICM ATURE		et, Bal	timore,	Maryla	and 21201
II.	JUN 1 0 199	4 June De	viden- Pende	M2				

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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within an and completely filled in by the funeral director, page 5 may be retained by the hospital and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other tra

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TE				STA	TE OF	MARYL	AND /	DEP	ART	•
	ITEM:	27,	PER	MEO	FILM	G-714	8/17	194	t.,	

	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTA CERTIFIC	MENT OF H		MENTA	L HYGIEN	E		
	1. DECEDENT'S NAME (First, Middle, Last) RAYMOND LEE	SCOTT				MONT	OF DEATH		YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5.	SEX 8. AGE (In	yrs. last birthday) IF	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE	NE ()		9.4 8. BIRTH	6:40P M
		X M 2 □ F	02			(Month, Day, Year) Country) Nov. 7, 1931 Virginia				
œ	90. FACILITY NAME (If not institution, give street 1630 CLIFFVIEW	FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF D							TY OF D	EATH
DIRECTOR	RESIDENCE OF DECEDENT	BALTI	MORE CI	. T. X		N/A	1			
3,50	10e. STATE 10b. COUNTY	10c. CITY, T	OWN OR LOCAT	ION			*		10d. INSIDE CITY	
		/A	Bi	ALTIMOF	Œ					LIMITS? 1 X YES 2 NO
FUNERAL	1630 CLIFTVIEW AVE	VII IID		101	ZIP CODE			10g. CITIZEN OF WHAT COUNTRY?		
N.		J.S. ARMED	T 12 WHE DEC	21213 ENDENT OF HISPAI		NO 40 14 W		3.A.		
BY	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 X YES IF YES, GIVE WAR OR DATE	2 NO	If yee, spi	ecify Cuban, Mexice 2 NO Specify	n, Puerto	N? (Specify Yee Rican, efc.)	or No—	Speci	— American Indien, , White, etc. ly: BLACK
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade con	npleted)	(Give kind of work	done during mo.	N st of working	166	. KIND OF BUS	INESS/INDU	STRY	
2	Elementary/Secondary (0-12) C	College (1-4 or 5+) N/A	N,	1975			G.B.M	.C.		
Š	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	ME (First,				
BE (HENDERSON SCOTT				OPHELI					
2	19s. INFORMANT'S NAME (Type/Print) KATHLEEN SCOTT				nd Number or Rural					
	20%, METHOD OF DISPOSITION	205.0	LACE AND DATE OF D		W AVE./E	BALTI	-			
	1 Surief 2 Cremation 3 Remova 4 Donetion 5 Other (Specify)	from State Cemet	ery, crematory or other RRISON FO	place) OREST V	A CEM	DAT		NGS M		
- 1	21. SIGNATURE OF FUNERAL SERVICE LICENS	see , _ ()		22. NAME AN	D ADDRESS OF FA		OWI	NGO M	4-11-	57 MD
	Man ()	1 De	2	4	F.H. EA E. NORTH		י /האנות	TMODE	D.AT	23,200
ATION	23. PART I. Enter the diseases, o complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Batween Onest and Death Onest a									
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated avanta reaulting in death) LAST	DUE TO (OR AS A C	ONSEQUENCE DF):							
PHYSICIAN: MEDICAL	PART II. Othar significant conditions c	Ontributing to death but	not resulting in t	PE			24a. WAS AN PERFOR	MED?	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
N. M	DID TOBACCO USE CO	NTRIBUTE TO C	AUSE OF D	EATH Y	S NO		INQU:	IRY		1 TYES 2 NO
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:		26. PL	ACE OF DEATH (Ch	eck only o	ne)			
IXSI	1 X YES 2 NO 1	☐ Inpatient 2 ☐ ER/Outpati	lent 3 DOA 4	☐ Nursing Hom	5 Residence	6 🗆 Othe	er (Specify)			
	27. MANNER OF DEATH 1)(X) Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	26b. TIME D	y wo	JRY AT RK? ES 2 NO	28d. DE	SCRIBE HOW IN	JURY OCCU	RED	
ED BY	2 Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE OF INJURY — building, atc. (Specify	At home, ferm, street		- 11	28f. LOC	CATION (Street a or Town, State)	nd Number o	or Rural R	oute Number,
Ē	29a. CERTIFIER					-101				
COMPLET	(Check only one) 2 MEDICAL EXAMINER: (N: To the best of my knowled On the basis of examination s								and menner as stated.
w II	29b. SIGNATURE AND TITLE OF CERTIFIER	1/ =			29c. LICENSE NUI					(Month, Day, Yeer)
TO B	Mesdre Ur 1	lead, le	1		O.C.M	E.		▶ Jī	JNE	10/94
-	30. NAME AND ADDRESS OF PERSON WHO'C Theodore King I	/	H (ITÉM 27) (Type, Pri 1 Penn		t. Balt	imo	re. Ma	arvla	hne	21201
	31. DATE FILED Month Day Year 1994	32 AEGISTRAB'S SIGNAT			,					-1101

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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. Flours after death, Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit perm
be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If Item 28 Is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE OF MARYLAND C	DEPARTMEN			MENTAL	HYGIENE REG. NO.	Ē			
	1. DECEDENT'S NAME (First, Middle, Last) Edith Estelle S	Smith			2. DATE O MONTH	F DEATH DAY		YEAR 94	3. TIME OF DEAT	
	4. SOCIAL SECURITY NUMBER 212-05-0297 5. SEX 1 □ M 2 ★ F 99	YRS. MONTHS		IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, O6/0		6	BIRTHI	PLACE (State or For	
TOR	98. FACILITY NAME (If not institution, give street and number) Catonsville Convalescent Cer RESIDENCE OF DECEDENT			r location of de sville	EATH		Bal			
DIRECTOR	Maryland	10c. CITY, TOWN	OR LOCAT	Baltin	nore				10d. INSIDE CITY LIMITS? 1 X YES 2	NO
FUNERAL	Apt. 251 Oaklee Village Apt	s.	101.	ZIP CODE 2122	29			JSA	HAT COUNTRY?	
8	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. AI FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES			ENDENT OF HISPAN celfy Cuban, Maxica 2 NO Specify	n, Puarlo Ric		or No-	Specify	- American India White, alc. Y: White	n,
COMPLETED	(Specify only highest grade completed) ((Elementary/Secondary (0-12) College (1-4 or 5+)	ECEDENT'S USUAL Give kind of work don a. Do NOT use retired	e during mo:	t of working		IND OF BUS				
OM	17. FATHER'S NAME (First, Middle, Last)	erator /	Supe	18. MOTHER'S NA		P Te		one	Co.	
BE C	William George Dahler			Mary					able)	
ဝ		030 N.							LFL 32	751
	20a, METHOD OF DISPOSITION 20b PLACE	AND DATE OF DISPO emetory or other place ridge Me	OSITION /No.	me of	DATE	200 100	ATION - CH	w or Tow	un State	<i>15</i> 1
	Dawn F. McDonald	d M	acNa	bb Fune rederic	eral	Home	, P.	Α.	MD 212	2.0
ATION	23. PART I. Enter the diseases, or complications that ceused the dishock, or haart failurs. List only one cause on each lin IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSE DUE TO (OR AS A CONSE CAUSE). Enter UNDERLYING	a.		Vosular			atory arrea		Approxime Interval Be Onset and	tween
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST d.									
PHYSICIAN: MEDICAL (PART II. Other significant conditions contributing to death but not	resulting in the	underlying	cause given in		PERFORI	MED?		WERE AUTOPSY FII AMAILABLE PRIOR 1 COMPLETION OF COF DEATH?	NO AUSE
SIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			ACE OF DEATH (Ch	eck only one)					
IXSI	1 YES 2 NO 1 Inpatient 2 ER/Outpatient		ursing Hom	5 Rasidenca		_				
8	1 Maturel 5 Pending (Month, Day, Year) 2 Accident Investigation	28b. TIME OF INJURY M	1 Y	INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED						
ETED	3 Suicide 6 Could not be detarmined 28a. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 28a. LOCATION (Street and Number or Rural Route Number, City or Town, State)									
COMPLETED	(Check only One) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, d MEDICAL EXAMINER: On the basis of examination and/or								and manner ea st	ated.
10 BE	296. SIGNATURE AND TITLE OF CERTIFIER			D 175	37				(Month, Day, Year) 7/94	
	31, DATE FILED (Month, Day, Year) 32, REMISTRAR'S SIGNATURE	W. Mt.I	Roya	L Ave.,	Ba1	timoı	re, M	ID 2	21217	
	JUN 1 0 1994 Julie Davidson	Rendell							DHMH-18	Day 1/00



retained by the hospital or attending physician. 5 should be detached for use as the burial-tran BALTIMORE, MARYLAND 21215-0020 nours after death. Page 6 may be retained to in by the funeral director, page 5 should

detached for use as the burial-transit permit. Pages 1, 2, 3 should

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DIRECTOR: At hours after de item 28 Is n

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n and completely filled in to burial, cremation, or

attending physician prior

en signed by the attending phy of Health and Mental Hygiene

executed with

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BOX 68760 that the death certificate be DIVISION OF VITAL RECORDS, HOSPITAL DR ATTENDING PHYSICIAN: The law TO THE HOSPITAL C TO THE FUNERAL D be filed within 72 ho IMPORTANT: If its

FOR STATE REGISTRAR 10a. STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF OEATH MONTH ELSIE MAE STEVENS 1994 6 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign Country) (Month, Day, Year) 9-12-1928 1 M 2 XF DAYS 220-24-4663 65 YRS. MARYLAND 9a. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF OEATH DIRECTOR BALTIMORE CITY 2548 W. FAIRMOUNT AVENUE RESIDENCE OF DECEDENT 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? BALTIMORE CITY MARYLAND 1 X YES 2 NO FUNERAL 10s. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2548 W. FAIRMOUNT AVENUE 21223 USA. 11 MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yaa or No-14. RACE - American Indian, Black, White, atc. FORCES? 1 YES 2 NO 1 Never Married 2 Married If yes, specify Cuban, Maxican, Puarlo Rican, etc.)

1 YES 2 NO Specify: Specify: BY 3 X Widowed 4 Divorced BLACK. 16a. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only higher Elementary/Secondary (0-12) College (1-4 or 5+) UNKNOWN OWN HOME HOMEMAKER 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) GOODWIN SALLIE **JACKSON GEORGE** BE 19b. MAJLING ADDRESS (Street and Number or Rural Route, Number, City or Town, State, Zip Code)
2808 ULMAN AVENUE, BALTIMORE, MARYLAND 21215 19a. INFORMANT'S NAME (Type/Print) 2 GOODWIN SR. **JAMES** 20a. METHOD OF DISPOSITION
1X Burlel 2 ☐ Cremation 3 ☐ Ramoval from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATET 20c. LOCATION - City or Town, State WESTERN STAR CEMETERY 4 Donation 5 Other (Specify) 6-10-94 OWINGS MILLS, MARYLAND 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY JOSEPH H. BROWN JR. FUNERAL HOME, P.A. 1913 W BALTIMORE ST., BALTIMORE, MD.21223 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, auch as cardiec or respiratory errest, ahock, or haart failure. List pnly ona cause on each line. Interval Between IMMEDIATE CAUSE (Finel Onset and Death disease or condition Pulmona T 13 months reaulting in death) Chronic Obstructive Pulmonary Oisease
DUE TO (OR AS A CONSEQUENCE OF): typers CERTIFICATION Sequentially list conditions. if any, leading to immediate Lung Mass cause Enter UNDERLYING Mass CAUSE (Diseese Dr Injury that initiated eventa reaulting in deeth) LAST Emphysema 4 yeers PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED? 1 TYES 2 THO 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES PHYSICIAN: NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: 1 YES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Nasidence 8 Other (Specify) 27. MANNET OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28s. DATE OF INJURY 28d, DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 ND В 2 Accident 3 Sulcide 28a. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be determined COMPLETED 4 Homicide 29a. CERTIFIER
(Check only one)
2 MEDICAL EVANIMED: On the best of my knowledge, death occurred at the time, data and place, end due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the besia of examination and/or investigation, in my opinion, death occured at the time, data and piece, and due to the ceuse(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIF 29d. DATE SIGNED (Month, Day, Year) BE 6-6-94 140 9 ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 1501 W. Saratoga 32, REGISTRAR'S SIGNATURE



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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 687604

nours after death. Page 6 may be retained by the hospital or attending physician. At in the funeral director have 5 should be described for use as the hurdal-board. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely

	1 - STATE REGISTRAR	STATE OF MARYL		MENT OF HEALTH		AL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last)			7.1.2 01 02.7.	2. DA	TE OF DEATH		3. TIME OF DEATH	
	MARY	М		SAVAGE	Ji	JNE 1,	1994 YEAR	6:10 P	
	4. SOCIAL SECURITY NUMBER 212-20-6635 9a. FACILITY NAME (If not institution, give	1 M 2 K F	69 YRS.	NITHS DAYS HOURS	MHN. (Mc	TE OF BIRTH both, Day, Year) 4-1924	MAR	YLAND	
TOR	HARBOR HOSPITA	·	9	BALTIMORI			9c. COUNTY OF D	DEATH	
DIRECTOR	PRESIDENCE OF DECEDENT 10a. STATE 10b. COUNT MARYLAND	ry	10c. CITY, 1	OWN OR LOCATION BALTIMOR	E CITY			10d. INSIDE CITY LIMITS? 1 X YES 2 NO	
FUNERAL	100. STREET AND NUMBER 2428 MAISEL CO	URT		10f. ZIP COC	1230		USA.	WHAT COUNTRY?	
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 \ 10	13. WAS DECENDENT (II yea, specify Cub. 1 YES 2 NO	en, Mexican, Puer		Blac Spec	E — American Indian, k, White, alc.	
ETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)		16a. DECEDENT'S US (Give kind of world life. Do NOT use n	done during most of work	ing	66. KIND OF BUS	SINESS/INDUSTRY	in o ic	
COMPL	10th GRADE	College (1-4 or 5+)	номем			-	HOME		
ш	17. FATHER'S NAME (First, Middle, Last) CHARLES F.	CHASE			HER'S NAME (Firs	t, Middle, Maiden	SMITH		
TO BE	19e. INFORMANT'S NAME (Type/Print)	RLEY		DRESS (Street and Number	r or Rural Route No		n, State, Zip Code)	1219	
	20a. METHOD OF DISPOSITION	200	D. PLACE AND DATE OF 1				CATION — City or To		
	1X Buriel 2 Cremation 3 Rer 4 Donetion 5 Other (Specify)	noval from State cen	ING MEMOR	plece) IAL PARK	6-7		OLAWN, MA		
	22. NAME AND ADDRESS OF FACILITY JOSEPH H. BROWN JR. FUNERAL HOME, P.A. 1913 W. BALTIMORE ST., BALTIMORE, MD.2122								
	23. PART I. Enter the diseases, or shock, or heart failure immediate CAUSE (Finsi disease or condition resulting in death)	a. Arthur 5-C	each line.	adienza			and,	Approximata Interval Batwo Onset and Da	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated events resulting in death) LAST	с	A CONSEQUENCE OF):						
AL CER	PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDS								
MEDIC						1 YES 2	MED? □ NO	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? t X yes 2 NO								
PHYS	27. MANNER OF DEATH	1 Inpatient 2 XER/Out	28b. TIME C				NJURY OCCURED		
ВУ	Netural 5 Pending 2 Accident Investigation	(MORRY, DBY, YeBY) INJURY WORK? 1 YES 2 NO							
PLETED	4 Homicide determined	3 Suicida 6 Could not be detarmined 288. PLACE OF INJURY — At home, term, atreet, factory, office building, atc. (Specify) 288. PLACE OF INJURY — At home, term, atreet, factory, office building, atc. (Specify) 288. LOCATION (Street and Number or Rural Route Number, City or Town, State)							
COMPL		BICIAN: To the beat of my know ER: On the beals of exemination						s) end menner es stated	
w l	29b. SIGNATURE AND TITLE OF CERTIFIE				ENSE NUMBER		29d. DATE SIGNED		
0	Medge lle	Kya/ 1010	*	0	.C.M.E		JUNE	2. 1994	
	36. NAME AND ADDRESS OF PERSON W THE VOURE M. K. 31. DATE FILED (Month, Day, Yber) JUN 101994		111 PENN		BALTIM	ORE, M	IARYLANI	21201	

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PER F.H. FILM G-712 6/10/94 t.t TTEM: 20a

	1 - STATE STATE CERTIFICATE CERTIFICATE STATE OF MARYLAND / DEPARTME CERTIFICATE CERTIFICATE CERTIFICATE	NT OF HEALTH AND	MENTAL HYGIENE REG. NO.								
	1. DECEDENT'S NAME (First, Middle, Last) HELMA C. Smith		2. DATE OF DEATH MONTH DAY	YEAR 3. TIME OF DEATH 94 5:16 P M							
	4. SOCIAL SECURITY NUMBER 5. SEX 9. AGE (In yrs. lest birthdey) 1 UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Monthly Day, Year) 1 M 2 M 7 PR. MONTHS DAYS HOURS MIN. 90. FACILITY NAME (If not institution, give street and number) 90. FACILITY NAME (If not institution, give street and number) 90. COUNTY OF DEATH										
- DIRECTOR	University of Manyland Medical Center RESIDENCE OF DECEDENT 100. STATE 100. CITY, TOW MARYLAND 100. STREET AND NUMBER	NORLOCATION ALTIMORE		10d. INSIDE CITY LIMITS? 1 YES 2 NO							
BY FUNERAL	2304 W. FAVETTE STREET	2/3 13. WAS DECENDENT OF HISPA If yes, specify Cupen, Mexico	WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yes, apacity Cujón, Mexican, Puerto Rican, etc.) □ YES 2 □ NO Specify: □ YES 2 □ NO Specify:								
COMPLETED	Elementary/Secondery (0-12) College (1-4 or 5+) Iffe. Do NOT use retire	ne during most of working d.) HINIST	16b. KIND OF BUSINESS/II BALTIMUR AME (First, Middle, Malden Surrame	E REPUILIVERS							
BE CC	WALTER I.EVI	EF!	E/E	LEVI							
TO B	h	ESS (Street end Number or Rural	Route Number, City or Town, State,	Zip Code)							
-	13ERNARD SMITH 2304	W. PAYETT	DATE 200. LOCATION	70. MD, 2/223 — City or Town, Stata							
	4 Donation 5 Other (Specify)	ar place)	L-29 BAIT	IMARE MD							
	21. SIGNATURE OF FUNERAL BERVIOLLICENSES	JOSEPH H. BR	OWN JR. FUNERA	AL HOME, P.A. FIMORE, MD. 21223							
	23. PART Lenter the diseases, or complications that caused the death. Do not en shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting to death)	. 0	ch as cardisc or respiretory	srrest, Approximats Interval Between Onset and Death							
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d.										
PHYSICIAN: MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 24b. WERE AUTOPSY FINDING AMAILBLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO										
SC		26. PLACE OF DEATH (C									
BY PHYS	1 Pes 2 NO 1 Pending 2 Accident Investigation 1 Pending Investigation 2 ER/Outpatient 3 DOA 4 DO	28c. INJURY AT WORK?	WORK?								
	3 Suicide 6 Could not be detarmined 25e. PLACE OF INJURY — At home, farm, street, building, etc. (Specify)	factory, office	261. LOCATION (Street and Number or Rural Route Number, City or Town, State)								
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at to the dest of my knowledge, death occurred at the dest of the dest of examination end/or investigation, in the dest										
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER	29c. LICENSE NU D 370	D67	DATE SIGNED (Month, Day, Year) 5/28/94							
F	30. NAME AND ADDRESS OF DERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) Byan K. Bartle MD 225. Greene	st. Bol	triore MD	21201							
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE JUN 1 0 1994 Fulia Savidan Renda										

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	1 - FOR STATE REGISTRAR	STATE OF I	MARYLAND C	DEPAR						YGIEN EG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF D			YEAR	3. TIME OF D	EATH
	Albert J. Soukup								June 7	7, ľ	994	YEAH	5:4.	5 р. м
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. le	est birthday)		R 1 YEAR	IF UNDER		7. DATE OF B			8. BIRTH	PLACE (State of	
	214-03-6761	1 🕅 M 2 🗌 F	88	YRS.	MONTHS	DAYS	HOURS	MIN.	Sept.	2.	1905	Man	yland	
	9e. FACILITY NAME (If not institution, give s	treet end number)			9b. CIT	Y, TOWN C	R LOCATION	ON OF DE				NTY OF D	_	-
H	Heritage Nursing	Home			Ba	ltima	re				Ra	ltimo	re	
5	RESIDENCE OF DECEDENT				_ Bu						Du.	I C IIII	710	
DIRECTOR	10e. STATE 10b. COUNTY			10c. CIT	Y, TOWN	OR LOCAT	ION						10d, INSIDE (CITY
	Maryland Balt:	imore		В	alti	more							1 YES 2	NO 🔀
FUNERAL	10e. STREET AND NUMBER					10f	ZIP CODE	E			10g. CIT	IZEN OF W	HAT COUNTR	Υ?
EB	103 Center Place	, Apt. 10)7				21222	2			U.:	SA.		
5	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. A	RMED					IIC ORIGIN? (Sp		or No-		— American	Indiën,
	1 Never Married 2 Merried	IF YES, GIVE V	YES 2 X	NO		If yes, spe			n, Puerto Rican	, etc.)		Special Specia	, White, etc.	
ВУ	3 Widowed 4 Divorced						**						Whit	e
E	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	- (0	ECEDENT'S	work done	during mo:		а	16b. KINI	OF BUS	INESS/IN	DUSTRY		
E	Elementary/Secondary (0-12)	College (1-4 or 5	+) Ith	le. Do NOT u	se retired.)	177		•						
MP		N/A	Pa	ayrol	1				Bet	nleh	em S	teel		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						NAME (First, Middle, Maiden Surneme)							
Albert Soukup Mary Jane														
5	19e. INFORMANT'S NAME (Type/Print)								Route Number, C					
	Marie Chamberlai	n (Niece)	2710	Reg	este	r Fa	rm R	oad, Fo	ores	t Hi	11, N	1d. 21	050
20e. METHOD OF DISPOSITION 1 St Burlel 2 Cremation 3 Removal from State 4 Donetion 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place) Bohemian National Cemetery 6/10 Ba						20c. LO	20c. LOCATION — City or Town, Stata							
						altimore, Maryland								
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	0 1			Schi			oury neral l	Jomo	с Т.	n o		
	Hober A.	todat	Xe.						Lane, l				1 21	213
	23. PART i. Enter the diseases, or o	complications the	t caused the d	eath. Do	not ante	r tha mo	da of dy	ng, sucl	h aa cardlac	or reapl	ratory an	rest,	Approx	
	shock, or heart failure. iMMEDIATE CAUSE (Final													i Between
	disease or condition	. CAR	CINOI	MA	~	F	TH	F	LUNG	C			1	
	reaulting in death)	DUE TO	(OR AS A CONSE	EOUENCE O	F):	<i>6</i>		-	- 0014	-1			-	
z														
CERTIFICATION	Sequantially list conditions, if any, leading to immediate	DUE TO	(OR AS A CONSE	EOUENCE O	F):									
S	cause. Enter UNDERLYING CAUSE (Disease or Injury	C.												
Œ.	that initiated events	DUE TO	(OR AS A CONSE	EOUENCE O	F):									
H	resulting in death) LAST	d												
	PART II. Other significant condition	e contribution to	dooth but not		In the co	a de alesta e		1	a at Las			1		
SAL	ORGANIC	BRAIN		L4D1			cause (jivan in	Part I, 24a.	PERFOR	AUTOPSY MED?	246.	WERE AUTOPS AVAILABLE PR	IOR TO
ă	ORGANIC	BEHIN	1	ועא	C 010	IE,			1	YES 2	Ø'NO		OF DEATH?	OF CAUSE
M									_				1 TYES 2	ON TO
PHYSICIAN: MEDICAL	DID_TOBACCO_USE	CONTRIBUT	E TO CAL	JSE O	F DEA	TH Y	ES [] NC						
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		-	OTHE		ACE OF D	EATH (Che	eck only one)					
YSI	1 TYES 2 NO	1 Inpatient 2	ER/Outpetlent	3 🗆 DOA			• 5 □ Re	eldence	8 Other (Spe	ecify)				
PH	27. MANNER OF DEATH 1 Natural 5 Pending	28e. DATE OF (Month, D	ay, Year)	28b. TIN	IE OF JURY	28c. INJ WO	URY AT RK?		26d. DESCRIE	E HOW II	NJURY OC	CURED		
BY	2 Accident Investigation				М		ES 2	NO						
ED	3 Suicide 8 Could not be 4 Homicide detarmined	28s. PLACE C building,	F INJURY — At h atc. (Specify)	ome, farm,	street, fac	tory, office			28f. LOCATION City or Tox	N (Street e	nd Number	r or Rural R	loute Number,	
E														
필	29a. CERTIFIER (Check only 1 CERTIFYING PHYSI													
COMPLET	one) 2 MEDICAL EXAMINE	R: On the beele of e	xamination end/or	r investigation	on, in my	opinion, d	eath occur	ed at the	time, date end	plece, en	d due to th	he cause(e	end menner	es atated.
ш	29b. SIGNATURE AND TIFES OF CERTIFIES	7		00.			29c. LICE	NSE NUM			29d. DAT		(Month, Day, Y	bar)
0	PV / A MM	كمعاصوت	i. I	437			7	1-1-	7 4 7			/	D- G.	

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21225

Baltimore, Md.

Dr. K. Dharmasena, 31. DATE FILED (Month, Day, Year)

JUN 1 0 1994

2

710 Church Street, 32. REGISTRAN'S SIGNATURE

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

6

DIVISION OF VITAL RECORDS, P.O. BOX 68760	BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within hours after death. Page 6 may be retained by the hospital or attending physician.	ours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the f be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: Il Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notifled at once.	nedical examiner must be notified at once.

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DIVISION OF VITAL RECORDS, P.O. BOX 68760	The second or not the second
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1 - STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAN			ENTIF	ICATE	T DEAL	п	RE	G. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)		1					2. DATE OF DE	ATH DAY	YEAR	3. TIME OF OEATH
	Nadene Virg						\rightarrow	June		994	3:30 P. M
- 8	TOTAL TENTON TOTAL	5. SEX	6. AGE (In yrs. I		IF UNDER 1 YE MONTHS DA		MIN.	7. DATE OF BIF (Month, Day,	Year)	Coun	HPLACE (State or Foreign try)
	212-24-2283 90. FACILITY NAME (If not institution, give		65	YRS.					, 1928	Ma	ryland
œ	9533 Bauer Ave	,				WN OR LOCATIO		ATH	9c. C0	DUNTY OF I	
DIRECTOR	RESIDENCE OF DECEDENT	inue			D	altimor	re			вал	timore
350	10e. STATE 10b. COUNT	Y		19c, CIT	Y, TOWN OR LO	CATION					10d. INSIDE CITY
	Maryland Ba	altimore			Ва	ltimore	2				1 TES 2 NO
AL	104. STREET AND NUMBER					10f. ZIP CODE		-	10g. C	ITIZEN OF	WHAT COUNTRY?
HH 1	9533 Bauer Ave	nue				21	L236			U.S.A	١.
FUNERAL	11. MARITAL STATUS 1 Never Married 2 X Merried	12. WAS DECEDEN	T EVER IN U.S. A	RMED				C ORIGIN? (Spe , Puerto Rican,		14. RAC	E American Indien, ck, White, etc.
ВУ	3 Widowed 4 Divorced	IF YES, GIVE V	MAR OR DATES	,		YES 2 NO			,	Spec	
	15. OECEDENT'S EDU	JCATION	16a, C	ECEDENT'S	USUAL OCCU	ATION	_	16b. KIND	OF BUSINESS/	NOUSTRY	WIITE
COMPLETED	(Specify only highest grad	College (1-4 or 5	- III	Give kind of v le. Do NOT us	work done during se retired.)	most of working	7				
4P	N/A	N/A		Home	maker			0	wn Hom	e	
Ö	17. FATHER'S NAME (First, Middle, Last)							E (First, Middle,	Maiden Surneme)	
BE (arr				F1c	ora		Henry		
0	190. INFORMANT'S NAME (Type/Print) Edward R. Sherk	(hughan	4)					oute Number, City			
-			_				Balt	timore,		1236	
	20a METHOD OF DISPOSITION 1	noval from State			of disposition ther place) metery	(Name of		1 1	wester	-	
3	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	- PHILL	os ce		E ANO ADDRES	S OF FAC		WESLEI	прогс	. , FID
	Mall	13/	- 7	4				eral Ho	mes, I	nc.	
	[[[all[0:)	954	au	<u>) </u>	970	5 Belai	ir Ro	l., Bal	timore	, MD	21236
	23. PART I. Enter the diseases, or shock, or heart fellure.	List only one can	it caused the d use on each lin	issth. Do r is.	not sntsr the	mods of dyir	ng, such	as cardiac o	r respiratory	srrest,	Approximats interval Between
	IMMEDIATE CAUSE (Final	Α .				-	_				Onset and Death
	disease or condition reaulting in death) a. hetastatic ludometrial Caranoma 3 moutts oue to (or as a consequence of):										3 month
	OUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	Sequentially list conditions, Due to (or as a consequence of):										
SAT	cause. Enter UNDERLYING										
IFI	CAUSE (Disease or Injury that initiated events OUE TO (OR AS A CONSEQUENCE OF):										
띮	resulting in death) LAST										
0	PART II. Other significant conditions contributing to dasth but not resulting in the undarlying cause given in Part i. 24a, WAS AN AUTOPSY 24b, WERE AUTOPSY FINDING										WERE AUTOPSY FINDINGS
EDICAL			ing in the endarrying course given in Part i.				PERFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE		
						1 _ YES 2 _ NO			OF DEATH?		
2											1 TES 2 NO
¥	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)										
Sic	1 U YES 2 NO	HOSPITAL: 1 Inpetient 2	ER/Outpatient	3 DOA	OTHER:	Home 5 X Res	idence 6	Other (Spec	ifv)		
PHYSICIAN:	27. MANNER OF DEATH	28e. DATE OF	INJURY	28b. TIM	E OF 28c	INJURY AT		28d. OESCRIBE		CCURED	
BY F	1 Natural 5 Pending 2 Accident Investigation	(Month, C	Ady, relar)	INJ	M 1	WORK?	NO				
	3 Suicide 8 Could not be	28e. PLACE (OF INJURY — At I	ome, farm, a	street, fectory,	office		28t. LOCATION City or Town	(Street and Num	ber or Rural	Route Number,
COMPLETED	4 Homicide determined		, , , , , , , , , , , , , , , , , , , ,					Oity or low!	i, otaley		
P	29a. CERTIFIER CERTIFYING PHYS	SICIAN: To the best of	f my knowledge, o	leath occurre	ed at the time,	data and place,	end dua t	to the cause(e)	end menner ae	stated.	
OM	one) 2 MEDICAL EXAMIN	ER: On the beals of e	examination and/o	r investigatio	en, in my opinio	n, death occure	d at the ti	lma, deta and p	leca, end due to	the ceuse((e) end menner ee stated.
w	296. SIGNATURE AND TITLE OF CERTIFIE	P				29c. LICE	NSE NUME	BER	29d. D	ATE SIONE	O (Month, Day, Year)
<u> </u>	In Son	~				7	26	250		619	194
٩	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAU									
				, Lut	hervil	le-Timo	oniur	m, MD	21093		
	Dr. Matilda So, 1447 York Road, Lutherville-Timonium, MD 21093 31. Date Fileo (Month, Day, Year) 32. REGISTRAR'S SIGNATURE										
	JUN 1 0 1994		400 Roule								

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after death. Page 6 may be retained by the hospital or attending physician. by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should moval.	ical examiner must be notifiled at once. TO BE COMPLETED BY FUNERAL DIRECTOR	2 / 9e. FACII 8 44 FRESID 10e. STA M d 10e. STA 1 1 Nevi 1 Nevi 1 Nev
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the funeral director, page 5 may be retained by the hospital or attending physician. To THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hypiene prior to burial, cremation, or removal.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	IMMEDI disease resultin Sequen if any, I cause. CAUSE that init resultin PART II PART II 25. WASA 1 27. MANN 1 2 1 4 1 1 2 1 4 1 1 2 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 2 1 1 2 1 2 1 1 2

STATE OF MARYLAND / DEPARTMEN	T OF HEALTH AND MENTAL HYGIENE
	F OF DEATH BEG NO

1. DECEDENT'S NAME (First, Middle, Last)					2. DATE	REG. NO.		T	3. TIME OF DEATH
Charles R. Si	nonsen				MONT 6	/	W Y	/EAR	
4. SOCIAL SECURITY NUMBER		E (In yrs. last birthday)		IF UNDER 24 HRS.	7. DATE	OF BIRTH h, Day, Year)	6.	BIRTH	PLACE (State or Foreign
219-18-6859	MXM 2 □ F	68 yrs.	MONTHS DAYS	HOURS MIN.	12	-3/-/	925	AA.	nuland
9e. FACILITY NAME (If not institution, give s	,		9b. CITY, TOWN	OR LOCATION OF D	EATH		9c. COUNT		
8418 Nunley D	rive		Balt	imore			Bal	ti	nore
10a. STATE 10b. COUNTY		10c. CFT	Y, TOWN OR LOCA	TION					10d. INSIDE CITY
Md. Bal	timore	Ва	Ltimon	e					LIMITS?
10e. STREET AND NUMBER				. ZIP COOE					HAT COUNTRY?
8418 Nunley D.				21234			u.s		
1 Never Married 2 Merried	12. WAS DECEOENT EVER FORCES? 1X XYE	S 2 NO	It yes, sp	ENOENT OF HISPA ecify Cuben, Mexic	an, Puerto	17 (Specify Yes Rican, atc.)	or No- 14	Black	American Indian, White, etc.
3 Widowed 4 Divorced	IF YES, GIVE WAR OR	DATES T	1 TYES	2 X X Speci	ify:			Specif	y: • .4
1S. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	18e. OECEDENT'S	USUAL OCCUPATION	ON ast of warking	168	. KIND OF BUS	SINESS/INOUS	TRY	CLE
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT u	se retired.)	St of Working		C . 1			
		Polic	e			City			
17. FATHER'S NAME (First, Middle, Lest)				16. MOTHER'S N					
Anthun Simonse	en	19h. MANLING	ADDRESS (Street a			h Sim			
Mrs. Carole A.	Simonsen		Nunle						2/1
20a. METHOD OF DISPOSITION 1 S Burlat 2 Cremation 3 Rem	2	06. PLACE AND DATE	OF DISPOSITION (No	ame of	DAT	E 20c. LO	CATION - CIT	y or To	vn, Stata
4 Donetion S Other (Specify)	Control State	Gandens	Of Fa	i + h	6/	11 Ba.	lto.,	Md.	•
21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE		22. NAME A	ley Mil	ACILITY	E	/ 4		
(Holle M.	lle		7527	Hanlon	d D	I une	ruz 11 [+0	MA	21234
23. PART I. Enter the diseeses, or of ehock, or hasrt failure.	complicatione that cause	ed the death. Do	not enter the mo	de of dying, su	ch as can	diec or respi	retory erres	t,	Approximate
IMMEDIATE CAUSE (Final	List only one couse on	eech line.							
disesse or condition resulting in death)	RECURRAN			BOLUS					
resulting in death)	DUE TO (OR AS	S A CONSEQUENCE O	F):	BOLUS					
resulting in death) Sequentially list conditions,	DUE TO (OR AS	S A CONSEQUENCE O	STATE	BOLUS					
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS b. HYPERCOA DUE TO (OR AS	S A CONSEQUENCE OF A CO	STATE	BOLUS					
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS HYPERCOA DUE TO (OR AS CARDIOMY	S A CONSEQUENCE OF A CO	f): STATE f):	BOLUS					
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS HYPERCOA DUE TO (OR AS CARDIOMY	S A CONSEQUENCE O GULABLE S A CONSEQUENCE O OPATHY	f): STATE f):	BOLUS					
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS L. HYPERCOA DUE TO (OR AS C. CARDIOMY DUE TO (OR AS	GULABLE GULABLE A CONSEQUENCE O OPATHY A CONSEQUENCE O	F): STATE F):		part (24a MAS AN	ALITOREV	T 24b	Onset end Dat
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS DUE TO (OR AS CARDIOMY DUE TO (OR AS d.	GULABLE S A CONSEQUENCE O OPATHY S A CONSEQUENCE O	F): STATE F):		n Part i.	24s. WAS AN PERFOR	MEO?	24b.	Onset end Da
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Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificent condition CONGESTIVE DID TOBACCO USE C	DUE TO (OR AS DU	GULABLE GULABLE S A CONSEQUENCE O OPATHY S A CONSEQUENCE O Dut not resulting	FI: STATE FI: in the underlyin	g cause given in		PERFOR	MEO?		WERE AUTOPSY FINDING AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificent condition CONGESTIVE	DUE TO (OR AS DU	GULABLE S A CONSEQUENCE O OPATHY S A CONSEQUENCE O Dut not resulting ILURE CAUSE OF	FI: STATE FI: In the underlyin DEATH Y 26. PI	g cause given in	heck only of	PERFOR	MEO?		WERE AUTOPSY FINDING AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
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8. BIRTHPLACE (State or Foreign

10d. INSIDE CITY

1 YES 2 NO

White

Interval Betwe

24b. WERE AUTOPSY FINDINGS

1 YES 2 NO

AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN?

Onsat and Death

n

New Jersey

14. RACE — American Indian, Black, White, atc.

Specify:

attending physician. BALTIMORE, MARYLAND 21215-0020 retained by the hospital or nay be retained by page 5 should b Раде 6 тау eath.

Pages 1, 2, 3 should

permit.

be detached for use as the burial-transit

DIRECTOR

FUNERAL

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CERTIFICATION

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	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a hours after or	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical e

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH DAY 994 YEAR June 7, Margaret Lashley Swisher 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH 214-40-6339 1 M 2 X F 12-03-1920 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATN Sc. COUNTY OF OFATH Baltimore Citu Johns Hopkins Bayview M.C. RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT 10c CITY TOWN OR LOCATION Maryland Baltimore Dundalk 10a. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 10 Graywood Road 21222 United States 11 MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: Never Married 2 Married 3 X Widowed 4 ☐ Divorced 16e. OECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EOUCATION 16b. KINO OF BUSINESS/INDUSTRY (Specify only highest grade Elementary/Secondary (0-12) College (1-4 or 5+) 10th Grade Nurse. Health Care 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname Lewis Henry Lashley Martha Aron 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Miss Dorothy I. Lashley 10 Graywood Road Dundalk. Maruland 20a. METNOO OF DISPOSITION
12 Buriel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION -- City or Town, State DATE Baltimore National 6/9/94 4 Donation 5 Other (Specify) Baltimore, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Duda-Ruck Funeral Home of Dundalk, JOON 7922 Wise Avenue, Balto., MD 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or heert fellure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition wile 170 cardio reaulting in death) OUE TO (OR AS A CONSEQUENCE OF) Sequentielly list conditione, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury OUE TO (OR AS A CONSEQUENCE OF): that initieted events resulting in death) LAST PART II. Other algoriticant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED?

DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one,

OTHER:

HOSPITAL:
1 | Inpetient 2 | ER/Outpetient 3 | DOA 4 Nursing Nome 5 Residence 8 Other (Specify) 28a. DATE OF INJURY 26c. INJURY AT

28b. TIME OF INJURY

м 26e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 28d. DESCRIBE HOW INJURY OCCURED

1 TYES 2 T NO

1 YES 2 NO 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

29a. CERTIFIER
1 CERTIFYING PNYSICIAN: To the best of my knowledge, desth occurred at the time, date end place, end due to the cause(a) end menner as stated. the cause(e) end menner as stated.

2 MEDICAL EXAMINER: On the basis of examination end/or in	vestigation, in my opinion, death occured at the time, data and piece, end due to the cause(e) end	menne
ANO TITLE OF CERTIFIER	29c LICENSE NUMBER 29d. DATE SIGNEO (Mon	ith, Day,

alley Mo 30/ NAME AND ADDRESS OF PERSON WHO COMPLETED COUSE OF DEATH (ITEM 27) (Type, Print)

24	DATE	EII ED	(Month,	Davi	Manual	
91.	PMIE	LIFED	INNOUNTLY,	Day,	rear)	

286 AIGH TURE AND TITLE OF CERTIFIE

1 YES 2 NO

27. MANNER OF DEATH

1 Natural

2 Accident

3 Suicide

4 Nomicide

(Check only one)

32. REGISTRAR'S SIGNATURE

JUN 1 0 1994

5 Pending Investigation

6 Could not be

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DHMH-16 Rev 1/89

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	death certificate be executed within
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DIVISION DEVITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDAR BENEFICIAL BY requires that the death certificate be executed within 55 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

		FOR	
1		STATE	
	-	REGISTRAR	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCLENE

	1 - STATE REGISTRAR	0	CE		CATE OF		REG. N	0.		
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH		1	3. TIME OF DEATH
	NANCY	B URKE			SMTTH			0.7	YEAR	00 05 AV M
	4. SOCIAL SECURITY NUMBER		AGE (in yrs. last	birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	0.7	94	1PLACE (State or Foreign
	216-46-8020	1 M 2 F	79	YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) 06-26-]	1014	Counti	YLAND
	9e. FACILITY NAME (If not institution, give a	street and number)	19		9h CITY TOWN	OR LOCATION OF D		7	UNTY OF D	
œ							EATH	96. 00	UNITOFD	EATH
5	NORTH ARUNDEL	<u>HOSPITAL A</u>	SSOCIAT	TON	GLI	EN BURNIE		1	A	COUNTY
EC.	10s. STATE 10b. COUNT	Υ		10c. CIT	Y, TOWN OR LOC	ATION				10d. INSIDE CITY
DIRECTOR	MARYLAND AN	INE ARUND	EL		GIBSON	I ISLAND				LIMITS?
	10e. STREET AND NUMBER				-	Of, ZIP CODE		10g. Cl	TIZEN OF Y	WHAT COUNTRY?
ER/	P.O. BOX 266					21056			U.S.	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT E	/ER IN U.S. ARM	IED	13. WAS DE	CENDENT OF HISPAI	NIC ORIGIN? (Specify Y	on or No	I 14 BACI	E — American Indian.
	1 Never Married 2 Married	FORCES? 1 I	YES 2 XN	0	It yes, s	pecify Cuban, Maxica	in, Puerto Rican, atc.)	00 01 110 -	Black	k, White, atc.
B	3X Widowed 4 Divorced	IF TES, GIVE YEAR	OR DAIES		1 1 18	S 2 NO Specif	y:		Speci	W WHITE
COMPLETED	15. DECEDENT'S EDU	CATION	tea. DEC	EDENT'S	USUAL OCCUPAT	TON	16b. KIND OF B	USINESS/IN	DUSTRY	
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릴	12	4	HC	DMEM	IAKER		00	NN HO	OME	
ō	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	ME (First, Middle, Maide	n Sumame)		
	ROLAND T.	BURKE				VIOLA	EII	NAMO		
BE	19a. INFORMANT'S NAME (Type/Print)		19b.	MAILING	ADDRESS (Street	and Number or Rural	Route Number, City or To	wn, State, Z	(ip Code)	
5	NANCY B. GAE	BELL				TERRACE				ND 21286
	20a. METHOD OF DISPOSITION	0-05086888			OF DISPOSITION (- City or To	
	1X Buriel 2 Cremation 3 Rem	noval trom State	cemetery, cren	natory or or	her place)	C EMETERY	100 BAI	TIMO	ORE,	MARYLAND
110	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	ПООБА	714	22. NAME	AND ADDRESS OF FA	エンフェー			ERAL HOME,
	18 1	2/ 1-			1_SI	COND.AV	ENUE	W.		
-	11. Varges	topken			GLE	BURNIE	, MARYLA	AND :	2106	Ţ
	23. PART I. Enter the disease, or ahock, or heart failure.	List only one cause	on aach lina.	ith. Do r	ot anter tha m	oda of dying, auc	h aa cardiac or rea	piratory a	rreat,	Approximata Interval Between
	IMMEDIATE CAUSE (Final disease or condition	0.0	a n	_	1					Onset and Death
	reaulting in death)	. 1,000	Ille	De	rsis					
		0.0	AS A CONSEO	UENCE O	i):	1 4	. 0			
CERTIFICATION	Sequantially list conditions,	a gon re	AS A CONSEC	Lever of	ugul	1001	and			
F	If any, laading to immediate cause. Enter UNDERLYING					000	1	15	2	
윤	CAUSE (Disease or injury	c. DUE TO (OF	AS A CONSECU	JENCE OF) enen	ice /	finges a	u (BD)		
Ē	that initiated events reaulting in death) LAST	Souly			011	221100	finges a	200 - 0	,	İ
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CAL	PART II. Other aignificant condition							N AUTOPSY	246	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
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ME	on Chronick	renoded			0					1 YES 2 ANO
	him cusul.	derendo-	A dea	1 10	Ti - 00	el lu				7
록∥	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	3				PLACE OF DEATH (Ch	eck anly one)			
Sign	1 YES 2 NO	HOSPITAL:	/Outpatient 3 (DOA	OTHER:	me 5 - Residence	6 Other (Specify)			
PHYSICIAN:	27. MANNER OF DEATH	26a. DATE OF INJ		29b. TIM	E OF 28c. 18	JURY AT	28d. DESCRIBE HOW	INJURY O	CCURED	
	t Netural 5 Pending	(Month, Day,	ear)	9U	JM 1	YES NO				1
B A	2 Accident Investigation 3 Suicide 6 Could not be	26a. PLACE OF IN	JURY — At hon	n, farge	treat, factory, off	60/	281. LOCATION (Stree	t and Numbe	er or Rural F	Route Number,
	4 Homicide determined	building, atc.	(ървспу)	/	01	/ /	City or Town, Stat	9)		
ا ت	29a. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of my	koowladza dan	th coour	ed at the time, do	o and alone and day	A. M			
COMPLETED		ER: On the besis of axam								n) and manner as stated
	296L SIGNATURE AND TITLE OF CERTIFIE		,							
B	ALL OF CONTRACT	10 811	a 10-) will	29c. LICENSE NUI	(9)	29d. DA	TE SIGNED	(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CALLES	E DEATH STEM	27/ (3-4	YVIV	1004) /		U 10	VT 17
	BAYINNAH SHABAZ	Z, M.D./16	00 CRA	IN HI		#401/GLEN	BURNIE,	MD 21	061	
1	31. DATE FILED (Month, Dev. Year)	32, REGISTRARIS			, 011	H -TOIT GEIEN	DOMNIE,	m) 41	.001	
	JUN 1 0 1994	17.	in Ray	Lage.						}
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DIVISION OF VITAL RECORDS, P.O. BOX 68760

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

		1. DECEDENT'S NAME (First,	Middle, Last)		<u>. </u>				-		2. DATE OF DEATH			3. TIME OF DEATH	
		Rottu	h Schwar						une 1, 1994 YEAR 10:50 A.						
		4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. lest birth		yrs. last birthd) IF UNDER 1 YEAR IF UNDER 24 HRS.			24 HRS.	7 DATE OF BIRTH		8, BIRTHPLACE (State or Foreign			
_		579-12-2646		1 🗆 M 2 📈 F	71	YR:	MONTHS	DAYS	HOURS	MIN.	July 2, 19	22	Peni	nsylvania	
3 should		9a. FACILITY NAME (If not in		street and number)			9b. CI	9b. CITY, TOWN OR LOCATION OF DEATH							
2, 3 s	OR	HOLY Cros			Silver Spring Montgomery				ery						
, s	DIRECTOR	RESIDENCE OF DEC	10b. COUNTY			1 400	CITY, TOWI	. 00 1 004	TION						
Page	E					100,			pring					10d, INSIDE CITY LIMITS?	
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OR ATTENDING PHYS DIRECTOR: After this of hours after death with Item 28 is marked	LET	29a. CERTIFIER	IEVINO BUVO	OLANI, To do hora			0			9 T. J. S.		200.00			
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DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the hours after death. Page 6 may be retained by the hospital or attending physician.
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal,
IMPORTANT: It Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.

					CALE				·		
1	1. DECEDENT'S NAME (First, Middle, Last)						2	DATE OF OEATN	AY	WEAR	3. TIME OF DEATH
10	TOMMY CUR	TIS TR	OY (TONY	- NICK	NAME)				YEAR	2 405 M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las		IF UNDER 1 YEAR		24 HRS. 7.	DATE OF BIRTH)2	8. BIRTHE	3 • 4 0 D "
12	219-99-7843	1 🔀 M 2 🗆 F	36	YRS.	MONTHS DAYS	HOURS	MIN.	(Month, Day, Year) -28-1957	- 1	Country)
	9e. FACILITY NAME (If not institution, give :		HORTH CAR								
œ		9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH						ATH			
DIRECTOR	1315 TRAVER	BALTIMORE CITY									
E C	10e. STATE 10b. COUNT		- 5	10c. CITY	CITY, TOWN OR LOCATION 104 INSIDE CITY						10d. INSIDE CITY
<u> </u>	MARYLAND									- 1	LIMITS?
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ш	HERBERT	TROY				HAT	CTE		T	BOONE	
8	19e. INFORMANT'S NAME (Type/Print)		198	. MAILING	ADORESS (Stree			te Number, City or Tow			
유	HATTIE T	ROY						LTIMORE,		,	21227
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	Jacons	-V 17	m								, MD. 21223
	23. PART I. Enter the diseases, or	complications that	caused tha da	ath. Do n	ot antar tha n	oda of dvi	ng, such a	a cardiac or resp	ratory arr	rest.	Approximata
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BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evanta resulting in death) LAST PART II. Other algnificant condition DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? YEYES 2 NO 27. MANNER OF OEATN 1 Netural 5 Pending Investigation 3 Suicide 1 Could not be determined 1 Centrifier (Check only one) 29. CERTIFIER (Check only one) 2 MEDICAL EXAMINER 29t. SIGNATURE AND TITLE OF CERTIFIER	DUE TO (C DUE TO (C DUE TO (C d. Ta contributing to d CONTRIBUTE HOSPITAL: 1 Inpatient 2 28e. DATE OF II (Month, De) 28e. PLACE OF building, et CIAN: To the best of exe	TO CAUS ER/Outpatient 3 NJURY — At horte, (Specify) INJURY — At horte, (Specify) OF DEATH (ITEM	DUENCE OF DUENCE OF assulting in DOA 28b. Time investigation in 27) (Type,	DEATH 28. OTHER: 4 Nursing No. OF 28c. II MY M 1 creet, factory, off	YES THE PLACE OF OIL PLACE OF OIL PLACE OF OIL PLACE OF OIL PLACE	NO [EATH (Check sidence s] 28 and due to ind at the time NSE NUMBE C , M .	only one) Other (Specify) Id. OESCRIBE HOW I If. LOCATION (Street City or Town, State) the cause(s) end maile, date end place, en	NJURY OCC	cor Rural Ro	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 PES 2 NO Pute Number, end manner es stated. (Month, Day, Year) 0 2 / 9 4

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Ours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatte event, the medical examiner must be notified at once.

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.								
	1. DECEDENT'S NAME (First, Middle, Last) / on arell -	Kevia Kevin Thomas Tonarella			2. DATE OF DEATH MONTH DAY YEAR JUNE 6 1994 1725 M				
	4. SOCIAL SECURITY NUMBER 218 84 5404	1 ⊠ M 2 □ F 2	27 yrs.	IF UNDER 1 YEAR HONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 12/17/196	66 Mai	ryland	
TOR	9a. FACILITY NAME (If not institution, give street and number) Greater Laurel Beltsville Hospital Laurel RESIDENCE OF DECEDENT 9b. CITY, TOWN OR LOCATION OF DEATH Prince George Price							ce George	
DIRECTOR				TOWN OR LOCAT	wn on Location :imore		10d. INSIDE CIT LIMITS? 1 ☐ YES 2 ◯		
BY FUNERAL	00. STREET AND NUMBER 2737 Norfens Road			101	101. ZIP CODE 21227		10g. CITIZEN OF WHAT COUNTRY? U.S.A.		
	11. MARITAL STATUS 1 Never Married 2 X Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑NO IF YES, GIVE WAR OR DATES		If yes, spi	13. WAS DECENDENT OF HISPANIC ORIGIN If yes, specify Cuben, Maxican, Puerto f 1 YES 2 NO Specify:		ofly Yea or No— 14. RACE — American Indian, Black, White, atc. Specify: White		
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+) Illie. Do NOT use retin			ork done during mod retired.)	one during most of working ed.)		- BUSINESS/INDUSTRY		
COMF	17. FATHER'S NAME (First, Middle, Last)				m Manager Ames Dept. S 18. MOTHER'S NAME (First, Middle, Maiden Surname)			ore	
BE	Joseph Mario Tonarella 196. INFORMANT'S NAME (Type/Print) 198. MAILING ADD				Margaret Miller				
2	196. INFORMANT'S NAME (Nype/Frint) 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2737 Norfens Road Baltimore, Maryland 21227						d 21227		
	20e. METHOD OF DISPOSITION 1 St Burlal 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE Of DISPOSITION (Name of cemetery, crematory or other piece) Glen Haven Memorial Park 6/11 Glen Burnie, Maryland								
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY George J. Gonce Funeral Home P.A.								
	Jana M Gramesouski 4001 Ritchie Hwy. Baltimore, Md. 21225								
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. Elet only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Subarchae: I hemonihae.						Approximate Interval Between Onset and Daath		
	DUE TO (OR AS A CONSEQUENCE OF): Dissemented introvasala Congulati						5-1		
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d								
CERTIFICATION									
7	PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS								
MEDIC						TYYES 2 NO DE DEATH?		COMPLETION OF CAUSE	
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSFITAL: OTHER:								
PHYSICIAN:	1 Pinpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence a Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? 1 Netural 5 Pending 28b. TIME OF INJURY AT WORK? M 1 YES 2 NO								
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	leide 6 Could not be 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Spacify)					nd Number or Rural I	Number or Rurel Route Number,	
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the filme, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basic of axamination and/or investigation, in my opinion, death occurred at the filme, data and place, and due to the cause(s) and manner as stated.								
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Mo								
F	30. NAME AND ADDRESS OF PERSON WE COULD MITCHE UILLE	L. F. W. H. M. T. E. S.							
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LE	NAME (First, Middle, Lest) ON WILLEY							DAY Y	3.	TIME OF DEATH 4.00 P
	7-9765	1√XM 2 □ F	AGE (In yrs. last	YRS. MON		IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 08/14/1	908 1	Country)	Iand
	ME (If not institution, give sind NION MEMIO)		AL	9b.		ALTIMORE		9c. COUNTY	Y OF DEAT	н
RESIDENCE 10a. STATE Maryl	10b. COUNTY	Y			wn or Locat					d. INSIDE CITY LIMITS? X YES 2 NO
100. STREET A		đ				21211	1		N OF WHA	T COUNTRY?
		12. WAS DECEDENT E FORCES? 1 _ IF YES, GIVE WAF			If yes, sp		NIC ORIGIN? (Specify an, Puarto Rican, etc.) fy:		RACE	American indian, Thite, atc. White
Elementary/	15. DECEDENT'S EDUC (Specify only highest grade Secondary (0-12)		(Gi	CEDENT'S USU We kind of work of Do NOT use ret	done durina mo	ON sst of working	Para Scalina	ctrica		
Med Med	MME (First, Middle, Last) ford Will	еу					AME (First, Middle, Maid Ay Horse	len Sumame)	-	
Paul		еу	196					re, Ma	aryl	and21211
fy⊡ Burlel 2 4 □ Donetion	F DISPOSITION Cremetion 3 Rem The Control of the		cemetery, cres	notory or other puid R	idge		cy6/11 P	location — cir ikesvi		Marylan
21. SIGNATURE 23. PART i. E	leaces He	rss Ciy	serti	こ	Burg 3631	ee-Hens	ss Funer Road, B	altimo	ore,	21211 Marylan
IMMEDIATE disease or corresulting in c	AUSE (Final polition	List only one calfee	on each lina				ch aa cerdiac or rea	apiratory arres	t,	Approximata Interval Between Onset and Death
	list conditions,	A ACUTE		RIOR	myc	CARDIA	AL INFA	RCTI	0 ~	DAYS
Sequentially If any, leadin ceuse. Enter CAUSE (Dise that Initiated resulting in a	g to immediate UNDERLYING ase or injury evente	с	R AS A CONSEC		WITH	RIGHT	VENTRI	CULAR	•	
PART II. Oth	DRY ARTS	RY DISS	COAGI	ATRI	THY	BRILLAT	PERF	AN AUTOPSY FORMED?	CO	ERE AUTOPSY FINDINGS AILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
DID TO	DBACCO USE (HOSPITAL	TO CAUS		26. PI	ES NC	heck only one)			
DID TO 25. WAS CASE I EXAMINER: 1 YES 27. MANNER OF 1 Wastural	DEATH 5 Pending	28e. OATE OF IN (Month, Day.	JURY		28c. INJ WC		6 Other (Specify) 28d. DESCRIBE HO	W INJURY OCCU	RED	
2 Accide 3 Suicide 4 Homici	8 Could not be	28e. PLACE OF I building, at	INJURY — At hor c. (Specify)	me, ferm, stree	, factory, offic	:0	281. LOCATION (Stree City or Town, Sta		Rural Route	» Number,
DID TO 25. WAS CASE I EXAMINER: 1 VES 27. MANNER OF 1 Natural 2 Accide 3 Suicide 4 Homici 29e. CERTIFIER (Check only one) 29b. SIGNATUR	1 CERTIFYING PHYSI 2 MEDICAL EXAMINE									id menner as stated.
29b. SIGNATUR	AND TITLE OF CERTIFIER					AT 24	MBER 38946			onth, Day, Year)
30. NAME ANO	NOORESS OF PERSON WH	DE1) T. O			E, Ur	VION ME	MORIA	L H	OSPITACA
The state of the s	(Month, Day, Year)	Gulia Davi	SIGNATURE	delle						

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BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

Page 6 may be retained by the hospital or attending physician. hours after death. that the death certificate be DR ATTENDING PHYSICIAN: The law TO THE HOSPITAL
TO THE FUNERAL (
be filed within 72 h
IMPORTANT: If it HOSPITAL

funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should notified at pe must examiner and completely filled in by the 1 burial, cremation, or removal. medical # fraumatic event, prior to t the attending physician Mental Hygiene prior to other t 6 been signed by the any has by Dept. 23 After this certificate death with the State ō marked, 50 DIRECTOR: hours after 28

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH Zaun Carrie 4,30 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 1 🗌 M 2 💹 95 DAYS HOURS 215-05-6434 06/01/99 Se. FACILITY NAME (If not institution, give street and number) 96 CITY TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Harbor Hospital Center Baltimore Baltimore 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore Baltimore TYPYES 2 NO FUNERAL 10e, STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2528 Washington Blvd. 21230 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. tf yes, specify Cuban, Mexican, Puerlo Rican, etc.)

1 ☐ YES 2 ☐ NO Specify: 1 Never Married 2 Married BY Specify: 3 🔀 Widowed 4 🗌 Divorced white 16e. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 pr 5+) 0-8th homemaker own home 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Emory G. Wyant 踞 Mary Emrich 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AOORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Emory Kearns 2019 Grinnalds Avenue Baltimore, Md 21230 20e. METHOO OF DISPOSITION
1 W Burlat 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, State oudon Park Cemetery 6/10/ 6/10/94 Baltimore, Maryland FUNERAL SEMVICE LICENSEE Ambrose Funeral Home of Lansdowne The an 2719 Hammonds Ferry Road 21227 23. PART I. Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such as cerdiac or reepiratory errest, shock, or heart failure. List only one ceuse on each lina. Approximate Interval Between Onaat and Daath IMMEDIATE CAUSE (Final dieeese or condition Parvetal Infanction (L) resulting in death) DUE TO (OR AS A CONSEQUENCE OF): 20012 CERTIFICATION Sequentially list conditiona, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF) thet initiated events resulting in death) LAST PART II. Other eignificent conditions contributing to death but not recuiting in the underlying ceuse given in Part I. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH? PERFORMED? t TYES 2 NO 1 | YES 2 | NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 TES 2 NO Inpatient 2 - ER/Outpatient 3 - DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 1 YES 2 NO ΒY Investigation 2 Accident 28e. PLACE OF tNJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide COMPLETED 8 Could not be 4 Homicide 29e. CERTIFIER
1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) end menner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data end place, end due to the cause(e) and menner ea stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE Ditayadet Oun pussin line 6/8/94 2 30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

320 REGISTRAR'S SIGNATURE
Julia Deviden Rindall

1994



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BALTIMORE, MARYLAND 21215-0020 Jurs after death. Page 6 may be retained by the Longon or attending physicien. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a completely filled in by the funeral directive page 3 mount be describe filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND ME	ENTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC	ENT OF H	EALTH AND N	MENTAL HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Lest)	-			JEAIN	2. DATE OF DEATH		3. TIME OF DEATH
	LORIS	MAY	ALBRIG	НТ		May 11, 1994	YEAR	3:06 A. M
	4. SOCIAL SECURITY NUMBER			UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	e. BIRT	HPLACE (State or Foreign
	214-07-5959 9a. FACILITY NAME (If not institution, give s	1 □ M 2 🛂 F 83	YRS.	THE DAYS	HOURS MIN.	2-11-11	Coun	MD.
Œ	Memorial Hospital				R LOCATION OF DEA	ATH 9c.	COUNTY OF	
DIRECTOR	RESIDENCE OF DECEDENT						Alle	egany
RE	MD. Alle	y egany		on LOCAT				10d. INSIDE CITY LIMITS?
0		<u></u>	Cum					1 X YES 2 NO
FUNERAL	10e. STREET AND NUMBER			101	ZIP CODE	104		WHAT COUNTRY?
NE	229 Baltimore Aver		110 101100		21502		USA	
	1 Never Married 2 Merried	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	If yes, spe	cify Cuban, Maxican		Blac	E American Indian, ck, White, atc.
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA	II ES	1 U YES	2 NO Specify:		Spec	ow:White
COMPLETED	15. DECEDENT'S EDU- (Specify only highest grade	CATION completed)	16a. DECEOENT'S USI	JAL OCCUPATIO	IN of working	16b. KIND OF BUSINES	S/INDUSTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use re	tired.)	at or worning			
₩	8		Stenogra	pher		Cleaning/I		cturing
	17. FATHER'S NAME (First, Middle, Last)					NE (First, Middle, Maiden Surna	ime)	
BE	Henry Raymond Lor	19	105 MAN MIC AD	2222		le (Schenck) oute Number, City or Town, Sta		
2	Corson W. Long					lashington, l		744
	20a. METHOD OF DISPOSITION	20h	PLACE AND DATE OF D	_		OATE 20c. LOCATIO		
	1 St Burlel 2 Cremation 3 Rame 4 Donation 5 Other (Specify)	oval from Stata com	etery cremetory or other	nlanel		3/94 Cumbe:	•	
	21. SIGNATURE OF FUNERAL SERVICE LE	English All				*LTYKight Fund		
	▶ Willia	A MY				ır St, Cumbe:		
	23. PART I. Enter the diseases, or o	complications that caused	the death. Do not	enter the mo-	de of dying, such	as cerdiac or respirator	ry arrest,	Approximete
	shock, or heert failure. IMMEDIATE CAUSE (Final	List only one cause on ea	ich line.					Interval Between Onset and Death
	disease or condition resulting in death)	. AsysT	POLE					25min.
	Contraction of Section 2	DUE TO (OR AS A	CONSEQUENCE OF):			./		25min.
NO	Sequentially list conditions,	Myoci	40/102	- 170	FHR(MONTE	3448) week
ATI	If any, leading to immediate cause. Enter UNDERLYING	DUE TO OH AS A	CONSEQUENCE OF):					
임	CAUSE (Diseese or Injury that Initieted events	C. DUE TO (OR AS A	CONSEQUENCE OF):					
CERTIFICATION	resulting in death) LAST	d.						
	PART II. Other aignificent condition	se contributing to death h	ut not regulating in a	ha un disabele a	annel atres to 8		- I	
S	DIABETES	- 11/471		ne underlying	cause given in F	PERFORMEO	?	b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE
MEDIC	71176163	10,00	T CLS		-	1 □ YES 2	ю	OF DEATH?
	DID TOBACCO USE C	CONTRIBUTE TO	CAUSE OF D	EATH Y	ES IT NO	M		1 TES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL				ACE OF DEATH (Che	ck only one)		
SIC	1 VES 2 NO	HOSPITAL: 1 Dipetiant 2 ER/Outp		THER: Nursing Hom	e 5 ☐ Residence (5 Other (Specify)		
PH	27. MANNER OF DEATH	28a. OATE OF INJURY (Month, Day, Year)	26b, TIME O	F 28c. INJ		28d. DESCRIBE HOW INJUR	Y OCCURED	
B	1 Natural 5 Pending Investigation				ES 2 NO	4		
ED	3 Suicide 6 Could not be	28s. PLACE OF INJURY building, atc. (Spec	 At home, ferm, streetify) 	t, factory, office		261. LOCATION (Street end N City or Town, State)	umber or Rural	Route Number,
	AA- OSTEVERD A							
COMPL		ICIAN: To the best of my knowl						
8		R: On the beals of examination	and/or investigation, is	my opinion, d	eath occured at the t	tima, data and place, end du	to the cause	(a) and manner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER	' \(\)	14.404		29c. LICENSE NUM	BER 29d	. DATE SIGNE	D (Mogth, Day, Year)
2	30. NAME AND AGORESS OF PERSON WH	O COMPLETED CAUSE OF ST	YVYY		D 25406		2/12	444
		ginia Avenue	Cumberla		. 2150	2	,	
	31. DATE FILED (Month, Day, Year)							
	MAY 13 199	32. REGISTRAD'S SIGNA	ar Kardalli					

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. Flours afrom the mental director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

94 17148 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First,	, Middle, Last)								2. DATE OF DEAT	DAY	YEAR	3. TIME OF DEATH
		Dais	- /							05	16	94	4:29a
	4. SOCIAL SECURITY NUME			6. AGE (In yrs. last		IF UNDER 1 Y	EAR	IF UNDER	24 HRS.	7. DATE OF BIRTH (Month, Day, Yea		8. BIRT	HPLACE (State or Foreign
	213-22-36	0-1	1 M 2 F	67	YRS.			1		1/18/	27		Md.
~	9a. FACILITY NAME (If not in					9b. CITY, T	OWN 0	R LOCATIO	ON OF DE	ATH	9c. C	OUNTY OF I	DEATH
₽FI	rostburg H	ospita	al, Inc	•		Froe	tb	urg	MD		A1	lega:	nv
입	10a. STATE	10b. COUNTY			10c. CITY,	TOWN OR	LOCAT	ION			1520		10d. INSIDE CITY
#	rostburg H RESIDENCE OF DEC 100. STATE Md.	Gar	rrett			Fros	tbu	rg					LIMITS?
4	10e. STREET AND NUMBER						101	ZIP CODE			10g. 0	CITIZEN OF	WHAT COUNTRY?
EB	Route 2	, Box	420					21	532			U.S.	1.
FUNERAL	11. MARITAL STATUS		12. WAS DECEDENT							IIC ORIGIN? (Specif		- 14. RAC	E — American Indian,
ВУ Г	1 Never Married 2 3 Widowed 4 Divo		IF YES, GIVE W	YES 2 N	Ю			2 NO		n, Puarto Rican, ato)	Spec	ck, White, etc.
	A												White
COMPLETED	(Specify only	EDENT'S EDUCA y highest grade c	ATION completed)	(GI	CEDENT'S L ve kind of we Do NOT use	ork done dur			g	16b. KINO OI	BUSINESS/	INDUSTRY	1100-210-3
	Elementary/Secondary (0)-12)	College (1-4 or S+)		Iomem					Orm	Home		
M	17. FATHER'S NAME (First, M	liddle Last)			TOTILETIT	STV OT	_	10 MOTH	EO'C NAI	ME (First, Middle, Ma		-1	
	Earl Cha		aton							Albrigh		2)	
8	19a. INFORMANT'S NAME (7			198	. MAILING	ADDRESS (S	treet a		_	Poute Number, Cify o		Zip Code)	
2	Paul Brod	le								stburg,			
1	20a. METHOD OF DISPOSIT	ION		20b. PLACE	ND DATE O	DISPOSITI	ON (Na	me of	•	OATE 20			own, Stata
	1 Buriel 2 Crematic 4 Donation 5 Other	(Specify)	val from Stata	cemetery, crai	natory or offi	Meth	tbo	ist C	em.	5/18 G	rrett	Co.	Md.
	21. SIGNATURE OF FUNERA	L SERVICE LICE	NSEE			22. NA	ME AN	ID ADDRES	S OF FA	CILITY			
	> fohn	-P.,	Jon			1				L Home, 1		-	Md.
	23. PART i. Enter the di ehock, or h	iseeses, or co	omplications that let only one caus	ceused the de	eth, Do no	ot enter th	e mo	de of dyl	ng, sucl	h ee cardlec or r	spiratory	errest,	Approximete interval Between
	IMMEDIATE CAUSE (FIR	nei					-						Onset and Desth
	diseese or condition resulting in desth)	→ .	PE-1	pu (201	LV	03	>					
						:							200400
O	Sequentielly ilet conditi		DUE TO	OR AS A CONSEC	DUENCE OF								>30 4603
CERTIFICATION	if any, leeding to imme- ceuse. Enter UNDERLY	ING											i
Ħ	CAUSE (Disease or inju that initiated events	iry a	OUE TO (OR AS A CONSEC	UENCE OF	:	-						
	resulting in deeth) LAS	T d.				_							
	PART II. Other eignifice	ent conditione	contributing to	deeth but not n	eeulting ir	the unde	rlylno	1 COUGO O	iven in	Part i 24a Wil	AN AUTOPS	SV 24	b. WERE AUTOPSY FINDINGS
EDICAL										PE	FORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
	(69)	100 L	130	# 3Wh	A		-		0/2	1	S 2 NO	- 1	OF DEATH?
Σ		DILLIL			4					-			1 NES 2 NO
A	25. WAS CASE REFERRED T	O MEDICAL					28. PL	ACE OF DE	FATH (Chi	eck only one)			
PHYSICIAN:	EXAMINER?		HOSPITAL:	ER/Outpatient 3		OTHER:				6 Other (Specify			
Ħ	27. MANNER OF DEATH		28a. DATE OF	NJURY	28b. TIME	OF 21	c. INJ	URY AT	siderica	28d. OESCRIBE H	OW INJURY	OCCUREO	
		Pending Investigation	(Month, Da	y, Year)	INJU	M M	_	RK? res 2 [NO				
BY	2 Outside	Could not be	28s. PLACE OF	INJURY — At ho	me, farm, st	reet, factory	, office			28f. LOCATION (S		ber or Rural	Route Number,
TED		determined	Danuary, s	re. (Specify)						City or Town,	tare)		
2	29a. CERTIFIER (Check only	TIFYING PHYSIC	IAN: To the best of r	ny knowledga, da	ath occurred	f at the time	, data	and place,	and dua	to the cause(s) and	manner sa	stated.	
COMPLET													s) and manner as stated.
	29b. SIGNATURE AND TITLE	OF CERTIFIER	7 -	9				29c. LICE	NSE NUM	ABER	29d. (ATE SIGNE	O (Month, Day, Year)
BE C	The	(L	100		m	()		n	121	(00)	•	哥	1018
2	30. NAME AND ADDRESS OF	F PERSON WHO	COMPLETED CAUS	E OF DEATH (ITE	4 27) (Type,	Print)			1.1.				1
	@12c1	F	mza	L 500	DI	m		98.	TOR	w Ti	Who	er, f	J-858- 10
	31. DATE FILED (Month, Day,	7 1994	32 DEGISTRAF	SIGNATURE	lath								

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

31. DATE FILEO (Month, Day, Year)

BALTIMORE MABYLAND 21215-0020

	FOR 1 . STATE	STATE OF M	IARYLAND / D				MENTA	L HYGIEN	IE			
	REGISTRAR		CEI	RTIFIC	CATE OF	DEATH	_	REG. NO				
	1. DECEDENT'S NAME (First, Middle, Las						2. DATE	OF DEATH	AY	YEAR :	3. TIME OF DEATH	
	STELLA ENGLE BRU						05	13			1:15 A	M
	4. SOCIAL SECURITY NUMBER 212 24 2246	1 M 2 KF	8. AGE (In yrs. last b	YRS.	F UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.	11=	30-18	98	Country)	Md.	gn
TOR	9a. FACILITY NAME (# not institution, gived SACRED HEART HO		151			RLAND	DEATH			EGAN		
DIRECTOR	10a. STATE 10b. COUR	egany		10c. CITY,	TOWN OR LOCA	tburg					IOd. INSIDE CITY LIMITS? YES 2 NO	0
FUNERAL	100. STREET AND NUMBER 57 Broadway				10	1. ZIP COOE 21532	2				AT COUNTRY?	
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	EVER IN U.S. ARME YES 2 NO AR OR OATES	O	If yes, sp	CENDENT OF HISP ecity Cuben, Mex 2 NO Spe	PANIC ORIGIN			14. RACE - Black,	- American Indian, white, etc.	
COMPLETED	15. DECEDENT'S El (Specify only highest gre Elementary Secondary (0-12)	DUCATION ide completed) College (1-4 or 5+)	(Give	DENT'S U kind of wo o NOT use	SUAL OCCUPATI rk done during me retired.)	ON ost of working	16b	KIND OF BU	SINESS/IND	JSTRY		
MPL	12	2		Cler	k			Post	Office	9		
BE CO	17. FATHER'S NAME (First, Middle, Last) Philip Engle					18. MOTHER'S		Middle, Maiden n Tri				
	19e. INFORMANT'S NAME (Type/Print)		196. (MAILING A	DDRESS (Street	and Number or Rur				Code)		
5	May B. Bolt		5	7 Br	oadway	Frosth	ourg,	Md. 2	1532			
	20a METHOD OF DISPOSITION 1 Dispurie: 2 Cremation 3 Re 4 Donation 5 Other (Specify)	emoval from State			DISPOSITION (N. er place)	ame of	5/1		chart,			
	21. SIGNATURE OF FUNERAL SERVICE	Horn	/		Durst	ND ADDRESS OF	al Hom				id•	
	23. PARTY. Enter the diseases, of abook, or heart feilur IMMEDIATE CAUSE (Final disease or condition recuiting in death)	a. BIL	caused the deat se on each line. ATERAL (OR AS A CONSEOU	- 1	^			liec or reep	iretory arre	eat,	Approximate Interval Betto Onset and I	ween
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	с	(OR AS A CONSEOU									
	PART II. Other aignificent conditi	one contributing to	deeth but not rea	ulting in	the underlyin	a ceuse alven	In Part I.	24a. WAS AF	AUTOPSY	24b. V	VERE AUTOPSY FIND	DINGS
: MEDICAL	BOWEL		ACTION					PERFO	RMED?		WAILABLE PRIOR TO COMPLETION OF CAL OF CEATH?	USE
AN	25. WAS CASE REFERRED TO MEDICAL				26. P	LACE OF DEATH	Check only or	e)			-	
Sic	EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatient 3		OTHER:	ne 5 🗆 Residenc	e 6 🗆 Othe	r (Specify)				
BY PHYSICIAN:	27. MANNER OF GEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF (Month, Da		28b. TIME INJU	OF 28c. IN	JURY AT ORK? YES 2 NO		CRIBE HOW	INJURY OCC	URED		
8	3 Suicide a Could not t	28s. PLACE Of building.	F INJURY — At home etc. (Specify)	e, farm, st	reet, factory, offic	20		ATION (Street or Town, State		or Rural Ro	ute Number,	
COMPLET	anal —	YSICIAN: To the best of ax									and manner as stat	led.
BE	29b. SIGNATURE AND TITLE OF CERTIF	Livens	vid,	nh		29c, LICENSE I	NUMBER 377	+	29d. DATE	SIGNED (Worth, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON				912 S			-	n BE	RL	END MD)

STRAP'S SIGNATURE

Emailing Holes State Sta

FOR STATE REGISTRAR

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TO BE COMP	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
- F	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial. cremation, br remon
ne were disease, page 5 should be detached	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the ment of any page 5 should be detached
r committee 6 may be retained by the hospi	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after committee on may be retained by the hospi

	ROBERT	Wilder, List)	WAYNE	B	RYAN	т			2. DATE OF MONTH	23/9		YEAR 3.	7:46 p M
	4. SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE (In yrs. In		IF UNDER 1 Y	EAR	IF UNDER 24 HRS.	7 DATE OF	DIGTH			ACE (State or Foreign
	182-22-0		1 X M 2 🗆 F	64	YRS.	MONTHS D	MYS	HOURS MIN.	12/2	4/19	29	Country)	PA
OR	9a. FACILITY NAME (If not in SACRED HE	ART H	,	L.				R LOCATION OF D			9c. COUNTY	EGAI	
5	RESIDENCE OF DEC	10b. COUNTY											
DIRECTOR	PA		FORD		10c. C11	Y, TOWN OR I		MAN					d. INSIDE CITY LIMITS? XYES 2 NO
FUNERAL	GOOSEBER	RY AV	E., P.	о. вох	35	L	10f.	21P CODE 15545				n of wha	T COUNTRY?
	11. MARITAL STATUS 1 Never Married 2 X		12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	T EVER IN U.S. AI X YES 2 AR OR DATES	RMED NO	13. WA	S DECI	ENDENT OF HISPA ecity Cuben, Mexico 2 A NO Specif	NIC ORIGIN? (1 an, Puerto Rice fv:	Specify Yes in, etc.)	or No 14	I, RACE — Black, W Specify:	American Indian, fhits, etc.
D BY	3 Widowed 4 Divo			-1950				2-107					WHITE
E	15. DEC (Specify onl) Elementary/Secondary (0	EDENT'S EDUC y highest grade	completed)	<u>(</u>		USUAL OCCI work done duri se retired.)			16b. KJ	ND OF BUS	SINESS/INDUS	STRY	
COMPLETED	12	-12)	College (1-4 or 5+		RE I	BUILD	ER		T	IRE	MANU	FACT	URING
BE CO	17. FATHER'S NAME (First, M	iddle, Last) Ifn						18. MOTHER'S NA					
10	PHYLLIS		YANT	19				351, H				5545	
	20a. METHOD OF DISPOSITE 1A Burlel 2 Cremetle 4 Donation 5 Other		oval from State			OF DISPOSITION OF DIS			27/94		CATION — CR		State 2A 15545
į	21. SIGNATURE OF FUNERA	L SERVICE (10	Dienes (10)			HA	RV	D ADDRESS OF FA	ZEIGL	ER F	UNER	AL H	
-	race	K/Z	y con		-1200-	HY	ND	MAN, P	A 1	5545	-063	5	
	23. PART I. Enter the di shock, or h IMMEDIATE CAUSE (Fin disease or condition	eart fallure. I	Listionly one cau	se on each iin	€.							it,	Approximate interval Between Onset and Death
	resulting in death)	→	DUE TO	OR AS A CONSE	MYO	P:	10	RY D	FRCI	100			5 4/
Z	Sequentially list conditi		Co.	ROND	ny.	DRT	E	RY D	1SER	936			20485.
CERTIFICATION	if any, leading to immediate. Enter UNDERLY	diate	DUE TO	(OR AS A CONSE	QUENCE O	F):							
E	CAUSE (Disease or inju that initiated events		DUE TO	(OR AS A CONSE	QUENCE O	F):							
EB	resulting in death) LAS	T (1										
١٢	PART II. Other significa	nt condition	s contributing to	death but not	resulting	in the unde	rlying	cause given in	Part i. 24	ia. WAS AN			ERE AUTOPSY FINDINGS
MEDICAL									1	PERFOR	/	CC	MPLETION OF CAUSE DEATH?
ME										-		100	YES 2 NO
AN	25. WAS CASE REFERRED TO	O MEDICAL					26 PI	ACE OF DEATH (C)	back only one)				
SICI	EXAMINER?		HOSPITAL:	ER/Outpatient	3 🗆 DOA	OTHER:		5 - Residence	, ,	loecify)			
PHYSICIAN	27. MANNER OF DEATH	Pending	28s. DATE OF (Month, D		28b, TIM		_	JRY AT			NJURY OCCU	RED	
À	2 Accident	Investigation	28e. PLACE O	F INJURY — A1 h	ome, ferm.			ES 2 NO	281. LOCATI	ON (Street)	and Number or	Burel Bout	n Number
ETED		Could not be determined	building,	etc. (Specify)						lown, State)		Tierer Floor	o croman,
COMPLETED	onei		CIAN: To the best of R: On the basis of a										nd menner as stated.
BE C	29b. SIGNATURE AND TITLE	OF CERTIFIER	1					29c. LICENSE NU	MBER		29d. DATE S	SIGNED (M	onin, Day, Year)
5 B	In.	huli	h-Mg					D34	8/2		S	124	194
	EUGENE P		LIN, MD				Н	EALTH (CENTE	R, H	YNDM	AN,	PA 15545
	31. DATE FILED (Month, Day,	1994	32. REGISTRA	R'S SIGNATURE	Ц						_		

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

Margaret Bozman

the hospital or attending physician. Adapted for use as the burial-transit permit. Pages 1, 2, 3 should DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within, fours after death. Page 6 may be annually in the hospital or attending physician and completely filled in by the funeral director, when it is not to the control of the physician and completely filled in by the funeral director, when it is not to detached for use as the buriaf-th of the detached for use as the buriaf-th. STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
SISTRAR

CERTIFICATE OF DEATH

REG NO

		**										
	1. DECEDENT'S NAME (First, Middle, Last							2. DATE OF	DEATH DAY	YF	3. EAR	TIME OF DEATH
	MARG	ARET E.	_ BOZMA	AN				May 2				5:45 a
	4. SOCIAL SECURITY NUMBER	5, SEX	8. AGE (In yrs. last	birthday) F	UNDER 1 YEAR	IF UNDER	T	7. DATE OF 1 (Month, De	BIRTH	8. 8	BIRTHPLA	ACE (State or Foreign
	217-28-2855	1 M 2 DF	85		6 25	HOURS	MIN.		1908		Country)	land
	9a. FACILITY NAME (If not institution, give	street and number)			CITY, TOWN	OR LOCATI	ON OF DE			COUNTY		
-	Colighum: Numair	or 9 Dobol	h Conto	_ _	aliab.	lisbury Wicomico						
CIOR	Salisbury Nursing	ig a kenai	b. Center	L IS	allSDU	цу			V	ATCOM	ITCO	
LI I	10a. STATE 10b. COUN				WN OR LOCAT	TION	.1.	1			10-	d. INSIDE CITY
5	Maryland Son	merset	.00	D	·	5	alis	bury			11	LIMPTS?
					rince	. ZIP COD	nne		1 40	o CITIZEN		T COUNTRY?
ENAL	200	Civic Av	enue		10				10			
2		land		/			<u>801</u>				U.S	
5	11. MARITAL STATUS 1 Never Married 2 Married		NT EVER IN U.S. ARI		13. WAS DEC	ENDENT C	OF HISPAN	IIC ORIGIN? (S	pecify Yes or I	No- 14.	RACE - Black, W	American Indian, hite, atc.
	3 Widowed 4 Divorced		WAR OR DATES			2 NO			.,,		Specify:	
- 13		1									Whi	te
2	15. DECEDENT'S ED (Specify only highest grad		16a. DEC	CEDENT'S USU	AL OCCUPATION	ON ost of working	na	16b. KJA	D OF BUSINE	SS/INDUST	TRY	
	Elementary/Secondary (0-12)	College (1-4 or 5	life	Do NOT use rel	ired.)		-					
	8	Fig. 7		Seams	tress			(Garme	nt. T	ndu	strv
5	17. FATHER'S NAME (First, Middle, Last)					_	HER'S NA	ME (First, Midd			., 4.0	V.V.
	George Edward	Usilian					1	Toda	4			
	198. INFORMANT'S NAME (Type/Print)	MITITU		MARINO ADI	DECC /Comes			Route Number, (Into 7/- 0	del	
2												
	Mrs. Peggy Hi	11					Dr.	Sali				
	20a. METHOD OF DISPOSITION 1 Burlai 2 Cremation 3 Re	moval from State		ND DATE OF D		ame of		DATE	20c. LOCATI	ON — City	or Town,	Stata
	4 Donation 8 Other (Specify)		Beec	hwood	Ceme	ter	V	5/30	Pr.	Anne	. M	d. 218
	21. SIGNATURE OF FUNERAL SERVICE L	LICENSEE			22. NAME A	ND ADDRE	SS OF FA	CILITY				
	N /	1		N. I.				neral				
	23. PART / Enter the disesses, or	m //	MOO		Pri	nce	ss A	Inne.	Md.	2185	3	
,	dispase or condition resulting in death) a. COSESSIS DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):									12 ages 8		
20		b/	Denes	lia								ins.
NOUN	Sequentially list conditions, if any, leading to immediate	b/	OCH AS A CONSEQ	Lice NUENCE OF):								chs.
ICALICIA	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	b	Dener O (OR AS A CONSEC Multipo	LICE OF):	UAIS							ips.
ILICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b	OCH AS A CONSEQ MULTIPO OCH AS A CONSEQ	NUENCE OF):	UAIS							ips:
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	b	Dener O (OR AS A CONSEC Multipo	NUENCE OF):	UAIS							ips.
)	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b	O (OR AS A CONSEQ Multy O (OR AS A CONSEQ AS CV	NUENCE OF):			alves to	Part I av	WAC AN AIR	mey I	24- 4-	chs.
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	b	O (OR AS A CONSEQ Multy O (OR AS A CONSEQ AS CV	NUENCE OF):			given in	Part I. 244	a. WAS AN AUT PERFORMED		AVI	AILABLE PRIOR TO
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other algnificent condition.	b	O (OR AS A CONSEQ Multy O (OR AS A CONSEQ AS CV	NUENCE OF):			given in			27	AVI	AILABLE PRIOR TO
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	b	O (OR AS A CONSEQ Multy O (OR AS A CONSEQ AS CV	NUENCE OF):			given in		PERFORMET	27	CO OF	AILABLE PRIOR TO IMPLETION OF CAUS
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other algnificent condition.	b	O (OR AS A CONSEQ Multy O (OR AS A CONSEQ AS CV	NUENCE OF):			given in		PERFORMET	27	CO OF	AILABLE PRIOR TO MPLETION OF CAUS DEATH?
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificent conditions that the conditions of the conditi	bDUE TO cDUE TO d	O (OR AS A CONSEQ Multy O (OR AS A CONSEQ AS CV	NUENCE OF):	ne underlyin	g couse			PERFORMET	27	CO OF	AILABLE PRIOR TO MPLETION OF CAUS DEATH?
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificent condition CHC Dubbelo Ligs 77m 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	b. DUE TO c. DUE TO d	O (OR AS A CONSEQ Multipo O (OR AS A CONSEO AS CV	DENCE OF):	ne underlyln 26. Pi	g ceuse	DEATH (Ch	ack only one)	PERFORMET	27	CO OF	AILABLE PRIOR TO MPLETION OF CAUS DEATH?
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other aignificent condition CHG Dubbelo LGS Tom 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	b. DUE TO c. DUE TO d	O (OR AS A CONSEQ Multipol (OR AS A CONSEO AS CV	DOA 4	28. PI	g ceuse :	DEATH (Ch	eck only one) 6 Other (Sp	PERFORMET VES 2	NO NO	AW CO OF 1 [AILABLE PRIOR TO MPLETION OF CAUS DEATH?
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other aignificent condition PART II. Other aignificent c	DUE TO d. HOSPITAL: 1 Inpetient 2 [28a. DATE Of (Month, L	OR AS A CONSEQ Multipo O (OR AS A CONSEQ AS C D deeth but not re	DENCE OF):	28. Pi HER: Nursing Hon	g ceuse :	DEATH (Cha	eck only one) 6 Other (Sp	PERFORMET	NO NO	AW CO OF 1 [AILABLE PRIOR TO MPLETION OF CAUS DEATH?
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other algnificent conditions of the condition	DUE TO c. DUE TO d	Deneado (OR AS A CONSEQ Multipo (OR AS A CONSEQ AS C V D deeth but not re	DOA OF INJURY	28. PI MER: Nursing Hom F 28c, IN. W M 1	g ceuse of DLACE OF D S Report of DRY AT DRK?	DEATH (Cha	s Other (Sc	PERFORMED YES 2	NO NO RY OCCURI	AM CO OF 1 [AILABLE PRIOR TO MPLETION OF CAUS
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AM 21215-0020	in pospita or attending physician.	detucted for use as the burial-transit permit. Page	опсе.
BALTIMORE, MARY AME 21215-0020	hours after death. Page 6 may be retained by	r filled in by the funeral director, page 5 should by tion, or removal.	the medical examiner must be notified at
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within shours after death. Page 6 may be retained by its consistant or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detaid for use as the burial-transit permit. Page be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYLA		TMENT OF H		MENTAL HYGIENI REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)	Grace	R	21601	~	2. DATE OF DEATH DAY	Y CYEAR	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 5.		yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8, BIRTI	HPLACE (State or Foreign	
	171-07-2119	□M2⊠F 91	YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) Sept. 24, 19	Count	mnsylvania	
	9a. FACILITY NAME (If not institution, give street	t and number)		9b. CITY, TOWN C	R LOCATION OF DE		9c. COUNTY OF E		
DIRECTOR	Homewood Nursing Homewood Opensions Homewood	ome		Willi	amsport		Washing	gton	
RE	10a. STATE 10b. COUNTY		10c. CITY	, TOWN OR LOCAT	ION	-		10d. INSIDE CITY LIMITS?	
D	Maryland Washin	gton	Wi	lliamspo	ort			1 TES 2 NO	
FUNERAL	10e. STREET AND NUMBER			101	ZIP COOE		10g. CITIZEN OF	WNAT COUNTRY?	
NEF	16505 Virginia AVe				21795		USA	1	
FU	11. MARITAL STATUS 12 1 Never Married 2 Married	2. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED 2 XNO			IC ORIGIN? (Specify Yes), Puarto Rican, etc.)	or No- 14. RAC Blac	E — American Indian, k, White, atc.	
В	3 🔀 Widowed 4 🗌 Divorced	IF YES, GIVE WAR OR OA	TES	1 TYES	2 NO Specify:		Spec Whi		
	15. DECEDENT'S EDUCAT	ION	16a. DECEDENT'S	USUAL OCCUPATIO	N .	16b. KIND OF BUS		.Le	
COMPLETED	(Specify only highest grade con Elementary/Secondary (0-12)	mpleted) College (1-4 or 5 +)	(Give kind of w life. Do NOT us	rork done during mo	st of working		WCGG/MDGG TAT		
P	12	0	book	keeper		furnit	ure mfg.		
O	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAM	AE (First, Middle, Maiden S			
ш	Thomas Hoffman				Elizab	eth Keller			
TO B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a	nd Number or Rural R	oute Number, City or Town	, State, Zip Code)		
ř	Ruth G. Bohn		13404	Arbor I	r., Hage	rstown, Ma	ryland 2	21740	
	20a. METNOD OF DISPOSITION 1 Burist 2 Cremation 3 Ramova		PLACE AND DATE O	F DISPOSITION (Na		The second secon	CATION — City or To		
	4 Donation 5 Other (Specify)	На	stery, cremetory or ot agerstow	n Cremat	ory 6-	2-94 Hag	erstown,	Maryland	
	21. SIGNATURE OF FUNERAL SERVICE LICENS		- 1	22. NAME AN	O ADORESS OF FAC CH FUNERA	ILITY			
	· Sautt	Menn	wall				arctoum	Md. 21740	
	23. PART I. Enter the diseases, or corr ahock, or heart feilure. Lis	pilications that caused	tha death. Do n	ot enter the mo	de of dying, such	es cardiac or reapir	ratory arreat,	Approximate	
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	DUE TO (OR AS A	O CO	Vahe	Caroli	6 Vesci	ula	interval Batween Oneat and Death	
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING								
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF	7):					
A L	PART il. Other algnificant conditions c	ontributing to death bu	it not resulting i	n tha underlying	cause given in f	Part I. 24s. WAS AN		. WERE AUTOPSY FINDINGS	
2	Course (R) (a due y	6 axo	rial po	-loli	PERFORI		AVAILABLE PRIOR TO COMPLETION OF CAUSE	
MEDIC	Cottel issue	for Gold	Ont				- NO	OF DEATN? 1 YES 2 NO	
	Minkellal	in teat	04			_		1 123 2 110	
¥	25. WAS CASE REFERRED TO MEDICAL			28. PL	ACE OF OEATN (Che	ck only one)			
PHYSICIAN:		OSPITAL:	itiant 3 🗆 DOA	OTHER:	5 Residence	B Other (Specify)			
F	27. MANNER OF DEATN	28a. OATE OF INJURY (Month, Day, Year)	28b. TIMI	E OF 28c. INJ		28d. DESCRIBE NOW IN	JURY OCCUREO		
ВУ	1 Accident 5 Pending trivestigation				ES 2 NO				
	3 Suicide 8 Could not be datarmined	28a. PLACE OF INJURY - building, atc. (Specif	— At home, farm, a	treet, factory, offici		28f. LOCATION (Street as City or Town, State)	nd Number or Rural i	Route Number,	
COMPLETED	29a. CERTIFIER 1 CERTIFYING PNYSICIAL (Check only one) 2 MEDICAL EXAMINER: C	N: To the best of my knowle						s) and manner as stated.	
	29b. SIGNATURE AND TITLE OF CONTIFIER			1	29c, LICENSE NUM				
B	///)			D268	306	29d. DATE SIGNAT	(Mpnth, Day, Year)	
٩	WHAT AND MESS OF PERSON INTO C	OMPLETED CAUSE OF OEA	TH (ITEM 27) (Type,	Print) K	De t	Horono	SI M	051745	
	31. DATE FILED (Month, Day: Hear)	32. REGISTRAR'S SIGNA		1.113	L	1500			
	JUN 0 2 1994	Julia Derice	on Randard	-					

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	10	0 2	=======================================
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within cours after death. Page 6 may be retained	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be flad within 70 hours after death with the State Dent of Health and Merital Minier Infinite committee or remarked or removal	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified
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	H C	上書	1
	F	2	S =

31. DATE FILED (Month, Day, Year)

6 1994

32. REGISTRAR'S SIGNATURE

	1. DECEDENT'S NAME (First Middle, Lest)			OF DEATH	REG. NO. 2. DATE OF DEATH MONTH DA	V VE	3. TIME OF OEATH			
- 3	1711/10		SOPPE		6-1-199	4	SAN I			
	214-36-0925	8. AGE (In yrs. II	YRS. MONTHS	DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 9-9-1936	, (BIRTNPLACE (State or Foreign Country)			
TOR	98. FACILITY NAME (# not institution, give street 14227 Clear Sp RESIDENCE OF DECEMENT			town on Location of D		Wash	ington			
DIRECTOR	MD. Washi	ngton	Willi	amsport			10d. INSIDE CITY LIMITS? 1 YES 2 NO			
FUNERAL	14227 Clear S	pring Rd.		101. ZIP COOE 21795	N F 12	U.S	of what country?			
84	11. MARITAL STATUS 12 1 Never Married 2 Merried 2 Widowed 4 Divorced	t. WAS OECEOENT EVER IN U.S. A FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	NO ON	WAS DECENDENT OF NISPA If yes, specify Cuben, Maxic 1 YES 2 NO Speci	en, Puerto Rican, etc.)	or No.— 14.	RACE — American Indian, Black, White, etc. Specify: White			
COMPLETED	15. DECEDENT'S EOUCAT (Specify only highest grade con Elementary/Secondary (0-12)	npleted) (DECEDENT'S USUAL O (Give kind of work done fie. Do NOT use retired.) HOMEMS	during most of working	166. KINO OF BUS		FRY			
BE COM	17. FATNER'S NAME (First, Middle, Lest) Paul Eugene	Banzhoff			ME (First, Middle, Melden e Elizabe		ınna			
T0	198. INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 14227 Clear Spring Rd. Williamsport MD.									
	20a. METNOD OF DISPOSITION 120 Burlel 2 Cremetion 3 Removal from State 20b. PLACE AND DATE Of DISPOSITION (Name of Cremetion 5 Other (Specify) Of Other (Specify) Other (Specify									
	22. NAME AND ADDRESS OF FACILITY Thompson Funeral Home, Inc. P.O.Box 310 Clear Spring, MD.21722									
	23. PART I. Enter the diseases, or complete, or heart fellure. Lia immediate Cause (Final disease or condition resulting in death)	avamo	death. Do not antar na.		ch as cardiac or respi	ratory arrest.	Approximata Interval Between			
ATION	OUE TO (OR AS A CONSEQUENCE OF): b Due to (OR AS A CONSEQUENCE OF):									
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST d. d.									
MEDICAL C	PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTO									
SICIAN:	25. WAS CASE REFERRED TO MEDICAL			28. PLACE OF OEATH (C	heck only one)					
Sic		OSPITAL: inpatient 2 ER/Outpatient	3 DOA 4 Nu	R: sing Name 5 Masidence	8 Other (Specify)					
ву РНУ	27. MANNER OF CEATH 28a. DATE OF INJURY (Month, Day, Vear) 28b. TIME OF INJURY AT WORK? M 1 YES 2 NO									
	2 Accident Investigation 3 Suicide 8 Could not be determined 26s. PLACE OF INJURY — At home, farm, street, factory, office 26s. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 28s. LOCATION (Street and Number or Rural Route Number, City or Town, State)									
COMPLETED										

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DIVISION OF VITAL RECORDS, P.O. BOX 68760.	BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be remained by the flow requires that the death certificate be executed within 24 hours after death. Page 6 may be remained by the flow requires	hours after death. Page 6 may be remined by the houpest or intending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be apparent for une as the burial-tran be filed within 72 hours after death with the State Dept. of Health and Memai Hygiene prior to burial, cremation, or removal.	ed in by the funeral director, page 5 shound in disperset for use as the burial-trar, or removal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	medical examiner must be notified at once.

me as the burial-transit permit. Pages 1, 2, 3 should

	, Middle, Lest)		CE	RTIFICAT	E OF	DEATH	2. DATE OF DE	3. NO.		
Rodney Ale		Rutler					MONTH	DAY	YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER			AGE (In yrs. last t	.,	R 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIR	05 TH	94 8. BIRTI	HPLACE (State or Foreign
	1	M 2 - F		YRS. MONTHS	DAYS	HOURS MIN.	(Month, Day, 06/05		Count	w rvland
9s. FACILITY NAME (If not in	nstitution, give stree	et and number)		9b. CIT	Y, TOWN O	R LOCATION OF D			JNTY OF E	
Southern M.	aryland	Hospital	Center	c Cl	into	n		Pr	ince	Georges
10s. STATE	10b. COUNTY			10c. CITY, TOWN	OR LOCAT	ION		hie		10d. INSIDE CITY
Md.	P.G.			Clint	on					1 TES 2 NO
10e. STREET AND NUMBER					101.	ZIP CODE		10g. CI1	TIZEN OF	WHAT COUNTRY?
9005 Town:		nd	ED IN II C ADM	ED 149		20735 ENDENT OF HISPAI	NIC ORIONA M-		S.A	
1 Never Married 2 3 Widowed 4 Divo	Married	FORCES? 1 1 1	YES 2 NO		If yes, spe	ecity Cuben, Mexica 2 NO Specif	an, Puerto Rican, e	olfy Yes or No—		E — American Indian, k, White, etc.
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N/A 17. FATHER'S NAME (First, M		VA	N	I/A		40 MOTHERIO NA	ME (First, Middle,			
Rodney Ph		rtlor								
19s. INFORMANT'S NAME (ICTEL	19b.	MAILINO ADDRES	S\$ (Street a	nd Number or Rural	Arland Route Number, City		-	
Helena Ar	Helena Arlanda Snead 9005 Townsend Land Clinton, Maryland								nd 2	0735
20s. METHOD OF DISPOSITION 1 Burlet 2 Cremation 3 Removal from Stats 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place)										
4 Donation 5 Other (Specify) 21. SIONATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY										
21. SIGNATURE OF FUNERA	L SENVICE LICEN	IJEE		22	. NAME AN	IU ADDRESS OF PA	CILITY			
		nplications that cal			44					
shock, or h	eart fellure. Lis	it only one cause of	on each line.	th. Do not ente	r the mo	da of dylng, suc	ch as cardiac o	reapiratory a	rreat,	Approximata interval Between
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Ia. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO
YES 2 NO	OF DEATH?
	1 TYES 2 NO

one)	basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as state

296, SIONATURE AND TITLE OF CERTIFIER	O Wee	29c. LICENSE NUMBER	29d. DATE SIGNED Month, Day, Warr)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF BEATH (ITEM 27) (Typo, Print)

LEBENEZER

31. DATE FILED (Month, Day, Year)

JUN 1 0 1994

32. REGISTRAR'S SIGNATURE

JUN 1 0 1994

DHMH-16 Rev 1/89



PO PAGE UNDER

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	CERTIF	CATE OF DEATH	REG. NO.						
	1. DECEDENT'S NAME (First, Middle, Lesi) THERESA A.	CHANE	Y	2. DATE OF DEATH MONTH DA		3. TIME OF DEATH				
	2/4-46-4/60 10 M 2 X F	AGE (In yrs. lest birthdey) 43 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.	APRII. 25 7. DATE OF BIRTH (Month, Day, Yoar) 1/23/1947	6. BIRT	THPLACE (State or Foreign ofty)				
TOR	9a. FACILITY NAME (If not institution, give street and number) 1880 OCEAN GATEWAY RESIDENCE OF DECEMENT		96. CITY, TOWN OR LOCATION OF C Camb ridge		9c. COUNTY OF	COUNTY OF DEATH				
DIRECTOR	10a. STATE 10b. COUNTY	NTY 10c. CITY, TOWN OR LOCATION								
FUNERAL [Maryland Dorchester 100. STREET AND NUMBER Rt#50	Ca	mbridge 101. ZIP CODE 2/6/3	7	10g. CITIZEN OF	1 ☑ YES 2 ☐ NO WHAT COUNTRY?				
B	11. MARITAL STATUS 1 ☐ Never Married 2 ☐ Married 3 ☐ Widowed 4 ☑ Divorced 12. WAS DECEDENT E FORCES? 1 ☐ IF YES, GIVE WAR	YES 2 NO	13. WAS DECENDENT OF HISPA It yes, specify Cuban, Maxic t YES XX NO Speci	an, Puerto Rican, etc.)	Bla	CE — American Indian, ck, Whita, atc.				
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)	16e. DECEDENT'S (Give kind of w life. Do NOT us	,	16b. KIND OF BUS	INESS/INDUSTRY					
BE CON	17. FATHER'S NAME (First, Middle, Last) John Recken		18. MOTHER'S N.	Eloise Hol	,					
TO B	190. INFORMANT'S NAME (Type/Print) Angela M. Miller	19b. MAILING 425 Ch	apel Church Rd.	Route Number, City or Town, Red Lion,	n, State, Zip Code) Pa. 17	356				
	20e. METHOD OF DISPOSITION 1	20b. PLACE AND DATE Of cepnetery, crematory or of Jaluacus	of DISPOSITION (Name of the Clace) Crematory	6/1 Sal	CATION - City or T					
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Melson Funeral Home PO BOX 64, Pocomoke, Md. 21851									
CERTIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF):									
DICAL	PART II. Other algnificent conditions contributing to de	Part I. 24a. WAS AN PERFOR 1 YES 2	MED?	ID. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DE CAUSE OF DEATH? 1 YES 2 NO						
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		28. PLACE OF DEATH (C. OTHER: 4 Nursing Home 5 Residence	heck only one)	ІТСН ГІ	II.I. OF WATE				
ВУ РНУ	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation 28a. DATE OF INV. (Month, Day.) 7 2.	Vear) 1900 286. TIMI	E OF 28c. INJURY AT WORK? M t \sum YES 2 \sum NO	28d. DESCRIBE HOW IF	O ROW	non				
COMPLETED	3 Suicide a Could not be datarminad 28a. PLACE OF the building, atc.	281. LOCATION (Street a City or Town, State)								
OMPL	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my 2 MEDICAL EXAMINER: On the basis of axam					(s) and manner as stated,				
TO BE C	200 Signature and title orgentifier	/	O . C . N			31,1994				
۴	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF MARGARITA KORELL M.D.	of DEATH (ITEM 27) (Type, 1111 Penn	Street, Balt	imore, Ma	aryland	21201				
6	31. DATE FILED (MOTTH), Day, Year) 32. REGISTRAR'S JUN 0 3 1994 Julian	SIGNATURE	e.							

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral completely filled in by the funeral completely filled in by the funeral completely filled in by the funeral completely filled in by the state Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner mental notified at once.

DHMH-18 Rev 1/89

3. TIME OF DEATH

DHMH-16 Rev 1/89

2. DATE OF DEATH

MONTH 05 94 VERNON ERIC CAMPBELL 06:50 14 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs, last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH 6. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. March 20,1951 1X M 2 | F Pa. 218 60 0074 Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR SACRED HEART HOSPITAL CUMBERLAND ALLEGANY RESIDENCE OF DECEDENT 19c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Allegany Midland 1 X YES 2 NO permit. FUNERAL 10e. STREET AND NUMBER 10f ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? Box 277 Smith Hill 21542 use as the burlal-transit attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 12 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or NoIf yes, specify Cuban, Maxican, Puerto Rican, atc.) BALTIMORE WARYLAND 21215-0020 ter death. Page 6 min to include by the hospital or attending physicis the funeral director, page is impossible to deached for use as the buriable 14. RACE — American Indian, Black, Whita, atc. 1 Never Married 2 Married 1 ☐ YES 2 NO Specify: BY Whate 3 Widowed 4 Divorced USAR ETED 16a. DECEDENT'S USUAL OCCUPATION

(Che kind of work done during most of working 15. DECEDENT'S EDUCATION pecify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY (Som (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) Correction Officer COMPL Correction Institute 17. FATHER'S NAME (First, Middle, Lest)
Wm. Edwin Campbell 18. MOTHER'S NAME (First, Middle, Malden Surname) Ħ Evelyn Kamauff BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code 2 Box 277, Smith Hill, Midland, Md. 21542 Mrs. Nanct Lee Campbell 2 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, Stata must ometery, cremetory or other place). St. Josephs Cemetery 5-16,1994 Midland . Md. examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Eichhorn-McKenzie Funeral Home tens 5 Lonaconing, Md. 21539 medical 23. PART I. Enter the diseases, o complications that coused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, **Approximate** shock, or heert fallure. List only one cause on each line Interval Between Onset and Death IMMEDIATE CAUSE (Final the state disease or condition resulting in death) Malignant Melanoma Metastothe
DUE TO (OR AS A CONSEQUENCE OF): an and completely to burial, crematic Devent event, DIVISION OF VITAL RECORDS, P.O. BOX 68760, traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 signed by the atter Health and Mental PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO MEDICAL any COMPLETION OF CAUSE 1 YES 2 DINO OF DEATH? 1 TYES 2 T NO has by Dept. PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) certificate h EXAMINER? HOŞPITAL: OTHER:
4 □ Nursing Homa 5 □ Raaldence 6 □ Other (Specify) 1 YES 2 THO OR ATTENDING PHYSICIAN: 1 npetient 2 ER/Outpetient 3 DOA 27. MANNER DF DEATH 28a. DATE OF INJURY 26b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED After this colleath with t marked, 1 Natural 5 Pending M 1 YES 2 NO BY After 2 Accident Investigation 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) DIRECTOR: At hours after de tem 28 is r 3 Suicide 28a. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 6 Could not be 4 Homicide COMPLET 29a. CERTIFIER
(Check only one)

29 MEDICAL EXAMINES: On the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. FUNERAL I within 72 h HOSPITAL 2 MEDICAL EXAMINER: On the basis of a TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II ition and/or investigation, in my opinion, death occured at the time, date and place, and due to the ceuse(e) end menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) BE 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) SANDHIR, SIKANDER, M. D. 48 TARN TERRACE FROSTBURG, MD. 21532 12. REGISTRAR'S SIGNATURE 31. DATE FILES (Month, Gay, Year)

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG. NO.

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

sit permit	RAL	100. STREET AND NUMBER. 714 BRADDOCK	AVE.	mi-
.AND 21215-0020 the hospital or attending physician. detached for use as the bunial-transit once.	BY FUNERA	t1. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Olvorced	12. WAS DECEDENT EVER FORCES? 1 YES	2 X NO
YLAND 21215-0020 If the hospital or attending physic to detached for use as the burial all once.	COMPLETED	ts, OECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	JCATION Je completed) College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of work life. Do NOT use re
AND the hospit detached	M	10 17. FATHER'S NAME (First, Middle, Last)		EQUIPME
TLA the de			ARDER	
E SE E	BE	19e. INFORMANT'S NAME (Type/Print)	ARDER	19b. MAILING AO
\$ (1) B	2	DOROTHY T. CAR	DER	714 B
MORE, page 6 may be describe, page 1 must be	E	20e. METHOD OF DISPOSITION t Suriel 2 Cremetion 3 Ren 4 Donation 5 Other (Specify)	20	b. PLACE AND DATE OF Cometery, crematory or other LAWN
death Pe funeral		21 BIONATURE OF FUNERAD GERVICE L)
B/ nours after of d in by the or removal.		23. PART I. Enter the diseases, or	complicatione the ceus	ed the death. Do not
tely filled is mation, or t, the me		IMMEDIATE CAUSE (Final disease or condition reaulting in daeth)	List only one cause on	A CONSEQUENCE OF:
mation,	-		JOE 10-(OR AS	2001SEODENCE OF):
	TIFICATION	Sequantially list conditions, if any, laading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	с	A CONSEQUENCE OF):
Geath death ental H ental H	CER		d	
CORD: res that the igned by the ealth and M	EDICAL	PART II. Other aignificant condition	na contributing to death	but not resulting in t
RE requirements of H show	M	mital	HI STONE	20 2
AL he tav has e Dep	IAN	25. WAS CASE REFERRED TO MEDICAL	Jiv Long	2024
AN: T tifficate e State	SIC	EXAMINER? 1 □ YES 2 NO	HOSPITAL:	tpatient 3 DOA 4
N OF G PHYSICI er this cer ith with th		27. MANNER OF DEATH Netural 5 Pending Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME O
ATTENDIN STEELD ATTENDIN STEEL GE		3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJUF building, etc. (Sp	RY — At home, farm, streecify)
- 24 F	OMPLE	cool only	SICIAN: To the best of my kno ER: On the basis of examinat	
	BE	29b. SIGNATURE AND TITLE OF CERTIFIE	Mayor	eron
DIVISION OF VITAL RECORDS, P.O. BOX 68760. HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with The Theorem and completely life within 72 hours after death with the State begt. of Health and Mental Hygiene prior to burial, cremation, ANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	5	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF O	PEATH (ITEM 27) (Type, Pri
10		DR. VICTOR MAZZO	CCO, M.D., 9	12 SETON I

1 - STATE REGISTRAR	STATE OF M		/ DEPAI					MENTAL HYGIEN REG. NO			
1. DECEDENT'S NAME (First, Middle, Last								2. DATE OF DEATH D. D. D. D. D. D. D. D. D. D. D. D. D.	ĄY	YEAR	AE OF DEATH
WILLIAM FRANK CA	last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.				0.4 1000				15 P		
217 10 7787	5. SEX	84	YRS.	MONTHS	DAYS	HOURS	MIN.	JULY 4 1	909	Country) MARYL	(State or Foreign
9e. FACILITY NAME (If not institution, give	street end number)			9b. CITY	r, TOWN C	R LOCATIO	ON OF O		_	NTY OF DEATH	
SACRED HEART HOS	PITAL				CUMI	BERLA	ND		AL	LEGANY	
	SIDENCE OF DECEDENT 1. STATE 10b. COUNTY				OR LOCAT	ION					NSIDE CITY
MARYLAND AI	LEGANY			L	AVA	LE					LIMITS? YES 2 NO
10e. STREET AND NUMBER		1-	1		101	. ZIP COOE			10g. CITI	ZEN OF WHAT	OUNTRY?
10e. STREET AND NUMBER 714 BRADDOCK 11. MARITAL STATUS 1 Never Married 2 M Merried	AVE .			1		215			U		
3 Wildowed 4 Olvorced	FORCES? 1 IF YES, GIYE W	YES 2			tt yes, sp	ecity Cube 24 NO	n, Mexica	NC ORIGIN? (Specify Yer in, Puerto Rican, etc.) y:	s or No—	14. RACE — An Black, White Specify: WI	e, etc.
ts. OECEDENT'S EC	DUCATION de completed)	16a.	DECEDENT'S				0	18b. KIND OF BU	SINESS/IND	USTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT u	ise retired.)				CONST	RIICT	TON	
10 17. FATHER'S NAME (First, Middle, Last)		E	QUIPM	LENI	UPI			ME (First, Middle, Maiden		1014	
	CARDER							E LAYMAN	Gornemay		
19e. INFORMANT'S NAME (Type/Print)			19b. MAILIN	G AOORES	S (Street a			Route Number, City or Tow	rn, State, Zip	Code)	
DOROTHY T. CAR	RDER		714	BRA	DDO	CK A	VE.	LAVALE,	MD	21502	
20e. METHOD OF DISPOSITION t Burlet 2 Cremetion 3 Re	moval from State		crematory or LAW							City or Town, St	ate
4 Donation 5 Other (Specify)	LICENSEE	REST	LLAN			SAKD			AVAL	E, MD	
+ Douglas	A Haf	0		H	AFEI	R CH	APE	L OF THE			
23. PART I. Enter the disease, o shock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death)	r complications the	ceused the	death. Do Ina.			de of dyl			iratory are		Approximate Interval Between Onset and Deatl
DUE TO-(OR AS A CONSEQUENCE OF):											
Sequantially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in daath) LAST											
CAUSE (Disease or Injury	C	DIE TO OD AS A COMPONENT OF									
that initiated events resulting in death) LAST	00E 10	(OR AS A CONS	AS A CONSEQUENCE OF):								
	d.										
PART II. Other aignificant conditions of the con		Osis	-			cause of		PERFOI		AVAIL COMP DF DI	AUTOPSY FINDINGS ABLE PRIOR TO LETION OF CAUSE EATH? YES 2 NO
25. WAS CASE REFERRED TO MEDICAL	Journ	april .	020	9	28. PI	ACE OF D	EATH (Ch	eck only one)			
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	t Denpatient 2	ER/Outpatient	3 DOA	OTHE		e 5 🗆 Re	sidence	8 Other (Specify)			
27. MANNER OF DEATH Netural 5 Pending 2 Accident Investigation	28s. DATE OF (Month, Di		28b. Til	ME OF JURY M		URY AT] NO	28d. DEŞCRIBE HOW INJURY OCCURED			
	e 28e. PLACE Of building,	F INJURY — At etc. (Specify)	home, farm,	street, fac	tory, offic	•		28t. LOCATION (Street City or Town, State)		or Rural Route N	lumber.
and a								to the cause(e) end me time, date and place, ar			manner se stated.
29b. SIGNATURE AND TITLE OF CERTIF	5/1/	List of the last				29c. LICE	NSE NUI	MBER	29d, DAT	E SIGNED (Monti	h, Day, Year)
	1162	BAC	202	22)	/)	0-	7/35	1 5	-16-	94
							- /	1		1 4	(
DR. VICTOR MAZZO					VE,	CUMB	ERLA	ND, MD 215	502		-

DHMH-16 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Acoust after death. Proc. may be facilitied by the attending physician and completely filled in the funeral director, page 5 should be character for an as the burna-transprenent. Page 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hyghere prior to burnial, commonly, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

	REGISTRAR				IVAIL		DEAL			REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF	DEATH			3. TIME OF DEATH		
	FREDERICK	THEODORE			COLE				5/20/94			YEAR		
											<u> </u>		3:07 A M	
			AGE (In yrs. last	birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS. MIN.	7. DATE OF I			8. BIRTI	IPLACE (State or Foreign	
	219 34 6114	1 JM 2 JF	63	YRS.	WONTHS	UNIS	HOUNS	mire.		/11/3	10		LAND	
	Sa. FACILITY NAME (If not institution, give stre	eet and number)			9b. CITY.	TOWN C	R LOCATIO	ON OF DE		11/		INTY OF D		
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2	FROSTBURG F	<u>IOSPITAL</u>			_ F	<u>ROST</u>	BURG				AI	LEGA	NY	
S	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY							_						
DIRECTOR	IOU. STATE			10c. CI I	Y, TOWN O	H LOCAL	ION						10d. INSIDE CITY LIMITS?	
	MARYLAND ALI	LEGANY			FRO	STBU	IRG						1 T YES 2 □ NO	
7	10e. STREET AND NUMBER	7115-20-010-0				10f	ZIP CODE				10g. CIT	IZEN OF	WHAT COUNTRY?	
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쀨	115 SPRIN							532					.A.	
5		12. WAS DECEDENT E	VER IN U.S. ARA	MED					IC ORIGIN? (S		or No-	14. RACI	E — American Indian, k, White, atc.	
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2	Elementary/Secondary (0-12)	College (1-4 or 5+)												
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8	17. FATHER'S NAME (First, Middle, Last)	DNEGE E	2017 0	-			18. MOTH	IER'S NAI	ME (First, Midd	le, Maiden	Sumame)			
BE (E	ERNEST E.O	JULE, S	К.				DEAN	NA WII	TTAM	re .			
	19a. INFORMANT'S NAME (Type/Print)	-	196	MAILING	ADDRESS	(Street a			oute Number,			in Corde)		
임	WILLIAM E. COLE		1	15 S	PRIN	G ST	F	ROST	BURG,	MD 2	1532)		
			T	_				110 0 1	zono,					
	20a. METHOD OF DISPOSITION 1 3 Burlini 2 Cremetion 3 Remov	rel from State	20b. PLACE A cemetery, cren			ITION /Na	me of		DATE	20c. LO	CATION —	City or To	own, State	
	4 🗗 Donation 5 🗆 Other (Specify)		FROST	BURG	MEM	ORTA	T. PA	RK	5/23	FROS	TBURG, MD 21532			
	21. SIGNATURE OF FUNERAL SERVICE LICE	HBEE AC	1		22.	NAME AN	D ADDRES	S OF FAC	CILITY	II KON			W_Z_J_J_Z	
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	disease or condition		AS A CONSEO		My Pi:	06	het	010	far 1	100				
z	disease or condition		forte		My P: J	06	het	20	far 1	100				
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he death certificate be executed within	been signed by the attending physician and completely	
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BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Tours after death. Pare it manned by the attending physician and completely filled in by the fundral differences are stated by the attending physician and completely filled in by the fundral differences. The filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Hem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1		-	FOR STATE REGISTR	AF
•	1.	D	ECEDENT'S	N/

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	nedio Inan			OLITTII	CATE	OI I	DEATH	REG. NO.						
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF CEATH MONTH DA	994	YEAR	TIME OF DEATH			
		MARY	L.		CODDI		ON		0:40 A.M					
	4. SOCIAL SECURITY NUMBER 217-10-4763	5. SEX	s. last birthday)	IF UNDER 1	_	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		Country)	CE (State or Foreign				
		1 M 2 K F	89	YRS.			10000	July 26,			land			
" l	9e. FACILITY NAME (If not institution, give str						LOCATION OF DE	EATH		NTY OF DEATH				
ō l	Allegany Count	y Nurs	ing H	ome		umbe	eriand		Al	legany				
DIRECTOR	10e. STATE 10b. COUNTY			10c. CIT	Y, TOWN OR	LOCATIO	ON .			100	I, INSIDE CITY			
뚬	Maryland All	egany		٦	resai	nto	w n				LIMITS?			
	10e. STREET AND NUMBER	- gairy			1 6 3 4 1	_	ZIP CODE		10g. CIT	IZEN OF WHAT	/\			
FUNERAL	14431 McMullen	Highwa	V				21502		11	.S.A.				
3	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S	ARMED			NDENT OF HISPAN	HC ORIGIN? (Specify Yes		14 BACE -	American Indian			
	1 Never Married 2 Merried	FORCES? 1 IF YES, GIVE W					olfy Cuben, Maxica NO Specify	n, Puerlo Rican, etc.)		Black, WI Specify:				
9 87	3 X Widowed 4 Divorced										White			
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade		16a	. DECEDENT'S (Give kind of	work done dui	UPATION	of working	16b. KIND OF BUS	SINESS/IND	DUSTRY				
ا ۳	Elementary/Secondary (0-12)	College (1-4 or 5+		life. Do NOT u.										
N N	17. FATHER'S NAME (First, Middle, Last)	_	UI	large	напа			ing Cela		e Cor	poration			
	John Skelley							ME (First, Middle, Maiden						
腸	19e. INFORMANT'S NAME (Type/Print)			401 00000				e Chilco						
임	Kathleen Robin	con						Route Number, City or Town			01500			
	20e. METHOD OF DISPOSITION	3011	20h BI A	CEANDDATE				-Cumber						
	1 N Buriel 2 Cremetion 3 Remo	val from State						1	resaptown, MD					
	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE	131.	Allibro	22. NA	eme	ADDRESS OF FA	CILITY						
	Altrade & To	rhush			Ge	org	e-Upch	urch fune	eral	Home	, P.A.			
\dashv	23. PART i. Enter the diseases, or c	000		deeth Do	201 enter th	∠ U	reene	St., Cumbe	erla	na, MD	21502 Approximata			
	shock, or heart fellure. L	ist only one ceu	se on each	line/	701 017101 11	n	f	il as celulac of lespi	ratory ar	iest,	intarvai Between			
	IMMEDIATE CAUSE (Final disease or condition										Onset and Death			
	resulting in death) a. OUE TO (OR AS A CONSEQUENCE OF):													
z														
흔	Sequentially list conditions, If any, leading to immediate OUE TO (OR AS A CONSEQUENCE OF):													
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury													
	thet initieted events recuiting in death) LAST	DUE TO	OR AS A CON	NSEOUENCE O	F):									
E	resoluting in death) CAST													
	PART II. Other significent conditions	contributing to	deeth but n	ot recuiting	in the unde	erlying	ceuse given in	Part L 24a. WAS AN			RE AUTOPSY FINDINGS			
EDICAL	C.D.P.D	(t)	. /-	50	rue	(Lemo	PERFOR	1/	COI	ILABLE PRIOR TO MPLETION OF CAUSE			
			-)			ez CAZARON GEZ	27	fino		DEATH? YES 2 NO			
-	DID TOBACCO USE C	ONTRIBUTE	TO CA	USE OF	DEATH	I YE	S NO	124		'-	3.130			
ᆽᅦ	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					28. PLA	CE OF DEATH (Ch	eck only one)						
is I	1 TES 2 NO	HOSPITAL:	ER/Outpatlen	nt 3 🗆 DOA	OTHER:	ng Home	5 Residence	8 Other (Specify)						
PHYSICIAN: M	27. MANNER OF DEATH	28e. DATE OF (Month, Da		28b. TIN	IE OF 2	8c. INJU	RY AT	28d. DEŞÇRIBE HOW II	NJURY OC	CURED				
8	1 Natural 5 Pending 2 Accident Investigation		,,,				S 2 NO							
	3 Suicide 8 Could not be	28a. PLACE Of building,	FINJURY A	it home, ferm,	street, fector	y, office		28f. LOCATION (Street of City or Town, State)	nd Number	r or Rural Route	Number,			
	4 Homicide datermined													
2	29a. CERTIFIER 1 CERTIFYING PHYSIC	JAN: To the best of	my knowledge	, death occurr	ed at the time	e, date e	nd place, and due	to the cause(s) and man	ner as sta	ted.				
COMPLETED	one) 2 MEDICAL EXAMINER	t: On the basie of ax	amination end	f/or investigation	on, in my opi	nion, de	ath occured at the	time, date end place, en	d due to th	ne ceuse(e) en	d manner ee stated.			
BEC	296. SIGNATURE AND TITLE OF CERTIFIER	10				\neg	29c. LICENSE NUN	ABER	29d. DAT	E SIGNED (Mo	nth, Day, Year)			
	V.A. Kary	Man					1197	50	1 5	23	3-94			
2	30. NAME AND ADDRESS OF PERSON WHO						,	01500			7			
	Dr. V.A. Ranji∤ta				-Cumb	erla	and, MD	21502						
	31. DATE FILED (Month, Day, Year)	32. REGISTRA	R'S SIGNATUR	1. II										
	MAY 25 1994	1 ha David	MON-MON	70.44										

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR

CERTIFICATE OF DEATH

DECEDENT'S NAME (First, Middle, Last)

2. DATE OF DEATH

	1. DECEDENT'S NAME (First	t, Middle, Last)	JOSEPH	1		C.	ARTE	ER		2. DATE OF MONTH	DEATH DAY 24,	19	YEAR	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 1212 38 7 9a. FACILITY NAME (# not #	6. AGE (In yrs. I	lest birthday) YRS.	IF UNDER	DAYS HOURS MIN.		MIN.	7. DATE OF BIRTH (Month, Day, Year) Mar. 29, 1939		39	8. BIRTHPLACE (State or Foreign Country) Mary COUNTY OF DEATH			
DIRECTOR	SACRED HE	ART HO	SPITAL			С	UMBE	RLAND		un.			LLEGA	- C
	Maryland 100. STREET AND NUMBER	<u> </u>	legany		10c. Cr1	Fro:	stbu						15	d. INSIDE CITY LIMITS? YES 2 NO
FUNERAL	121 S. Wa		reet	FEVER IN LIE	BMED	140		215	_	2 0 00000000000000000000000000000000000	Specify Yea or	U.	S.A.	T COUNTRY?
BY	1 Never Married 2 3 Dive		FORCES? 1. IF YES, GIVE W	YES 2 AR OR DATES		3	f yes, sp	ecify Cuban,	Maxican,	, Puarto Rica	in, etc.)	NO_ 1	Black, V Specify: Whi	American Indian, /hite, atc.
PLÉTED		DEDENT'S EDU ly highest grade 0-12))	Gerebent's (Give kind of the Do NOT to	work done ise retired.)	during ma	ON est of working			ubber			
BE COMPL	17. FATHER'S NAME (First, A Bernard	P. (Carter					Edna	M.	E (First, Midd	lle, Maiden Su Fowan	rname)		
10	19. INFORMANT'S NAME (Delores G	. Cart	er		19b. MAILING ADDRESS (Street and Number or Fural Route Number, City or Town, State, Zip Code) 121 S. Water St. Frostburg, Md. 21532									
F	20s METHOD OF DISPOSIT 1 Buriel 2 Cremete 4 Donation 5 Other	on 3 🗆 Ren	noval from State		EANDDATE rematory or of Micha			etery	5/27	DATE 7/94		ton - cu		
	21. SIGNATURE OF FUNERAL DERIVICE UCENHER 22. NAME AND ADDRESS OF FACILITY Durst Funeral Home 57 Frost Ave. Frostburg, Md. 21532													
CERTIFICATION	23. PART I. Enter the dishock, Dr himmEDIATE CAUSE (Findisease or condition resulting in death) Sequentially list condition if any, leading to immediate. Enter UNDERLY CAUSE (Disease or Injust initiated events resulting in death) LAS	tions, ediate in in in in in in in in in in in in in	a. L Due to Due to c.	(OR AS A CONS	SEQUENCE C	Per Me	Le La	Sta	he	Ca	e or respire		By	Approximate Interval Betwee Onset and Deat
MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying								PERFORMED? 1 YES 2 NO OF DEATH?					ERE AUTOPSY FINDINGS ALLABLE PRIOR TO DMPLETION OF CAUSE F DEATH? YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO													
ВУ РНУ	27. MANNER OF DEATH 1 Natural 5	28b. TII	28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED WORK? M 1 YES 2 NO											
8	2 Accident Investigation 3 Suicide 8 Could not be determined 28a. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (Street and Number or Rural Route City or Town, State)									te Number,				
COMPLET	and any	(Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(s) and menner as stated.												
BE	Stok	29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 5-26-94												onth, Day, Year)
5		E DEBC			100						-			
5	30. NAME AND ADDRESS OF JOHN M	EHANNA	M.D. 90	9B Set	on dr	e, Print)	CUMI	BERLAN	ND, M	1D. 21	1502			

Total Allocaty Francisco Signature S

O TON

FOR STATE REGISTRAR CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR RUTH ELVA **CLARK** MAY 994 07:47 A 8. BIRTHPLACE (State or Foreign Country) 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 80 1 M 2 X F Md 216-30-2086 08 02 Pages 1, 2, 3 should 9a, FACILITY NAME (If not institution, give atreet and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR SACRED HEART HOSPITAL CUMBERLAND ALLEGANY 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 1 X YES 2 NO Allegany LaVale. Md. permit. FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 16g, CITIZEN OF WHAT COUNTRY? 1135 Braddock Rd. 21502 US use as the burial-transit mained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES A 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—
If yes, specify Cuban, Maxican, Puerto Rican, etc.) t4. RACE — American Indian, Black, White, etc. **ORE, MARYLAND 21215-0020** t Never Married 2 Married 1 TYES 2 NO Specify: BY Specify: White 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION tea. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY mould be detached for mentary/Secondary (0-12) UNKNOWN College (t-4 or 5+) Homemaker Home once 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Howard Magruder 75 Nora Green BE notified 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 James Smith 1120 Braddock Rd. LaVale, Md. 21502 pe 20e, METHOD OF DISPOSITION

t (A Burlel 2 Cremation 3 Rei
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - Cify or Town, Stata must Mountain View Cem. 5-28-94 Barton, Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY Boal Funeral Service death. 111 Church St. Westernport, Md. 21562 the medical 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line Interval Between Onset and Death IMMEDIATE CAUSE (Finel the cremation, diseese or condition d ARDIORESPIRA TORY and completely to burial, crematic event, DIVISION OF VITAL RECORDS, P.O. BOX 68760, DUE TO (OR AS A CONSEQUENCE OF): traumatic CERTIFICATION Sequentielly list conditions, OUE TO (OR AS A CONSEQUENCE OF) 2 If any, leeding to immediate cause, Enter UNDERLYING death certificate be signed by the attending physician Health and Mental Hyglene prior to CAUSE (Diseese or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST 0 PART II. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 246. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE any 1 TYES ZONO OF DEATH? Shows 1 TYES 2 NO been at. of b has be Dept. PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) PHYSICIAN: The certificate I item **EXAMINER?** HOSPITAL OTHER 1 YES 24 NO lant 2 ER/Outpetient 3 DOA 1 Unon 4 Nursing Home 5 Residence 8 Other (Specify) 6 27. MANNER OF BEATH 28s. DATE OF INJURY 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED this c marked, t Matural 5 Pending 1 YES 2 NO BY After 2 Accident Investigation OR ATTENDING 3 Suicide 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 26f. LOCATION (Street and Number or Rural Route Number, City or Town State) 28 is 6 Could not be determined DIRECTOR: / COMPLETED 4 Homicide item 29e. CERTIFIER
(Check only Chart Fying Physician: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(a) and menner as stated. FUNERAL (HOSPITAL 2 MEDICAL EXAMINER: On the TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: I stigation, in my opinion, death occured at the time, deta end place, end dua to the ceuse(a) and menner ee stated. 29b. SIGNATURE AND TITLE OF CERTIF 29c. LICENSE NUMBER BE 2 gary Wag 0 925 31. DATE FILED (Month, Day, Year)
MAY 27 1994 122. REGISTRADE SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatte event, the medical examiner must be notified at once.

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH														
	NAOMI RI	HODA	CA	TLETT						5 27 1994				2:45 PM	
	4. SOCIAL SECURITY NUME	5. SEX 6. AGE (In yrs. lest bi		yrs. last birtho	birthday)IF UNDER 1 YEA		EAR IF UNDER 24 HRS.		7. DATE OF BIRTH		6. BIRTI		HPLACE (State or Foreign		
	232-78-0853	1 🗆 M 2 🖵 F	74	YR	S. MONTHS	DAYS	HOURS	MIN.	Apr 8		120	Coun	NV		
	9a. FACILITY NAME (If not in	stitution, give	street and number)			96. CI1	Y, TOWN	OR LOCAT	ION OF DE				INTY OF		
N C	MEMORIAL HO	SPITAL	& MEDIC	AL CE	NTER	CUI	IBERI	LAND				ALLE	EGANY		
5	RESIDENCE OF DEC														
DIRECTOR	10a. STATE	Mine	-			ort A								10d. INSIDE CITY LIMITS?	
		мтпе	Lai		FC	ort A								1 TYES 2X NO	
₩.	100. STREET AND NUMBER 1017. ZIP COD 26 P.O. Box 574 26											USA		WHAT COUNTRY?	
FUNERAL	11. MARITAL STATUS	7/4													
	1 Never Married 2X	Married	12. WAS DECEDED FORCES?	1 YES	2 NO	13	If yes, sp	pecify Cubi	ın, Maxica	NC ORIGIN? (S _f n, Puerto Rican	ecify Yes	or No-		E — American Indian, ik, White, atc.	
BY	3 Widowed 4 Divo		IF YES, GIVE	WAR OR DAT	ES 2 7		1 TYES	3 2X NO	Specify	/:			Spec	ite	
8	15. DEC	EDENT'S ED	CATION		16a. DECEDEN	IT'S USUAL	OCCUPATI	ON		16b. KIN	D OF BUS	SINESS/IN		116	
COMPLETED	Elementary/Secondary (C	y highest grad	College (1-4 or 5	+)	(Give kind	t of work done It use retired.	during m	ost of worki	ng						
ם	12				homen	nakor					OTATI	n ho	m _Q		
ő	17. FATHER'S NAME (First, M	liddle, Last)			11071111	1111111		18. MOT	HER'S NA	ME (First, Middle					
BE (James Luth	ner S	hanhol+	7				Del	sie	L. Me	ore.	land	1		
TO B	19a. INFORMANT'S NAME (ype/Print)			19b. MAII	ING ADDRE	SS (Street			Route Number, C					
F	Alvin	_ C	Catlett		F	P.O. F	OX 5	74 F	ort	Ashby	7 W 1	7 2	671	9	
	20a. METHOD OF DISPOSIT	ION	novel from State		PLACE AND DA	TE OF DISPO	SITION (N			DATE				own, State	
	4 Donation 5 Other	(Specify)		omete	237			5/30/	LEV	VELS	W.V	7			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Scarpelli Funeral Home														
	Cumberland, Maryland 21502												2		
	23. PART /. Enter the diseases, or complications that causes the death. Do not enter the mode of dying, such as cardiac or respiratory street.														
	/ ahock, or haert fellure. List only one ceuse obtreach line.											Interval Between Onset and Death			
	disesse or condition														
z	with loone wetertain														
CERTIFICATION	Sequantially liet conditions, If sny, isoding to immediate DUE TO (OR AS A CONSEQUENCE OF):														
S	cause. Enter UNDERLYING CAUSE (Disease or Injury														
분	that initiated events resulting in death) LAS		DUE TO	OR AS A	CONSEQUENC	E OF):									
l iii	l restring in sealin, Exc		d												
	PART II. Other significa	nt conditio	ns contributing to	daath bu	t not regulti	ng in the u	ınderiyir	g cause	given in	Part i. 24a		AUTOPSY	24	. WERE AUTOPSY FINDINGS	
MEDICAL											PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE	
										_ ' '	J 1E3 2	E NO		DF DEATH?	
~	DID TOBACCO	O USE	CONTRIBUTI	E TO C	AUSE C	OF DEA	TH Y	ES [NO	X					
PHYSICIAN	25. WAS CASE REFERRED T	O MEDICAL						LACE OF	DEATH (Ch	eck only one)					
Sic	EXAMINER?		HOSPITAL:	☐ ER/Outpat	tient 3 🗆 DC	OTHER: 3 □ DOA 4 □ Nursing Home 5 □ Residence 8 □ Oth						Other (Specify)			
ξ	27. MANNEB OF DEATH		28a. DATE O	F INJURY Day, Year)	28b.	TIME OF INJURY	28c. IN	JURY AT		28d. DESCRIBE HOW INJURY OCCURED					
ВУБ		Pending investigation	(month),	Day, reary		M		ORK? YES 2	□ NO						
	3 Sulcide 8	At home, fa	rm, atreet, fa	ctory, offi	ca		28f. LOCATION (Street and Number or Rural Route Number City or Town, State)				Route Number,				
	4 Homicide	determined		, atc. (Specif						only on no	, otato)				
COMPLETE	29a. CERTIFIER 1 CERT	TIFYING PHYS	SICIAN: To the best of	f my knowle	dga, daath oc	curred at the	time, dat	and place	, and due	to the cause(a) and mar	nner aa at	sted.		
NO.														s) and manner as stated.	
	29b. SIGNATURE AND TITLE	-4					_	-	ENSE NUI					O (Month, Day, Year)	
) BE	/\/	Low	ney						14865			•	5-	28-94	
2	30. NAME AND ADDRESS OF	F PERSON WI	HO COMPLETED CAL			** .		.1						/	
	ROBUSTIANO	BARRE	RA M.D.,	MEMOI	RIAL H	OSPIT	AL M	EDIC	AL BI	LDG., (CUMB	ERLA	ND,	MD 21502	
	31. DATE FILED (Month, Day,	(Mar)	32. REGISTR	AR'S SIGNA	TURES 9	11.									
	JUN (1 199	74	10.00	THE STATE OF	- 4									

nained by the hospital or attending physician. House to the total for use as the burial-transit permit. Pages 1, 2, 3 should BALTIMORE MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. Abours after death. Figs 6 may be TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral funerations be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

nutified at once.

1

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

BEG NO.

_	REGISTRAR	CENTIL	ICATE	FUEAIR	HEG. NO.							
- 8	1. DECEDENT'S NAME (First, Middle, Last)		0	1 1	2. DATE OF DEATH MONTH DA	Y YEA	3. TIME OF DEATH					
i i	DOLLY ELI	IS	Cuc	HIP	5 28	94	F 0400 M					
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AG	E (In yrs. lest birthday)	IF UNDER 1 YEA		7. DATE OF BIRTH (Month, Day, Year)	8. Bi	RTNPLACE (State or Foreign					
- 4	407-30-0936 1□M2 2F	74 YRS.	MONTHS DAY	B HOURS MIN.	03/01/20		entucky					
	9e. FACILITY NAME (If not institution, give street end number)		9b. CITY, TOY	N OR LOCATION OF OR		9c. COUNTY C						
H	PENINSULA REGIONAL MEDICAL	CENTED	SALI	7.00								
DIRECTOR	RESIDENCE OF DECEDENT	J CHNIEK	DWITT	ICO								
2	10e. STATE 10b. COUNTY	10c. CIT	Y, TOWN OR LO	CATION			10d. INSIDE CITY LIMITS?					
	Maryland Wicomico		Sa	alisbury			1 YES 2 NO					
AL	10e. STREET AND NUMBER			10f. ZIP CODE		10g. CITIZEN (OF WHAT COUNTRY?					
EH	Salisbury Nursing & Rehabili	tation Ce	nter	21801		U.	S					
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVE	R IN U.S. ARMED	13. WAS		IIC ORIGIN? (Specify Yes		RACE — American Indian, Black, White, etc.					
	1 Neyer Merried 2 Merried FORCES? 1 YES, GIVE WAR OF			specify Cuben, Mexice YES 2 NO Specify								
ВУ	3 LP Widowed 4 Divorced						White					
Ĕ.	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S (Give kind of	USUAL OCCUP	ATION most of working	16b. KIND OF BUS	SINESS/INDUSTR	ry -					
Ш	Elementary/Secondary (0-12) College (1-4 or 5+)	life. Do NOT u	se retired.)									
MP	5	Hom	emakej			Own Ho	ome					
COMPLETED	17. FATNER'S NAME (First, Middle, Last)			16. MOTHER'S NA	ME (First, Middle, Maiden	Surname)						
BE	Gabriel Ellis Elizabeth Ellis											
6	19e, INFORMANT'S NAME (Type/Print)	19b. MAILING	ADDRESS (Str	et and Number or Rural i	Route Number, City or Tow.	n, State, Zip Code)					
	Mrs⁄. Shirley Hearne	7099	Elmo	Dryden I	Rd., West	cover,	Md. 21871					
- Ï	20e. METNOD OF DISPOSITION 1 Buriel 2 Cremetion 3 Removal from State	Ob. PLACE AND DATE semetery, cremetory or o	OF DISPOSITION	(Neme of	DATE 20c. LO	CATION — City o	or Town, State					
	4 Donation 5 Other (Specify)	Quinte		etery	5/29 le	stove	r, Md. 21871					
J.	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		22. NAM	E AND ADDRESS OF FA	CILITY							
. 1	► (/ 9 W:)	моооог			3 0	Б	A 14.1					
	23. PART I. Enter the diseases, or complications that ceue	M00295	not enter the	mode of dylna suc	Pres cerdiec by result	retory errect	Anne, Md.					
	ehock, or heart feiture. List only one cause or	each line.		g, occ	i de bolaide bi respi	ratory offeot,	Interval Between					
	IMMEDIATE CAUSE (Fine) disease or condition	_					Onset and Death					
	resulting in deeth)											
	GUE TO (OR AS A CONSEQUENCE OF):											
8	Sequentially list conditions, Due to jor as a consequence of:											
Ē	Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING											
윤	CAUSE (Disesse or injury	S A CONSEQUENCE O	-									
Ē	that initiated events resulting in deeth) LAST						i I					
CERTIFICATION	- L											
	PART II. Other eignificent conditions contributing to deeti	but not resulting	in the underl	ying ceuse given in			24b. WERE AUTOPSY FINDINGS					
EDICAL					PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE					
							OF DEATH?					
PHYSICIAN: M					_		1 NES 2 NO					
Z	25. WAS CASE REFERRED TO MEDICAL		20	PLACE OF DEATH (Ch	eck only one)							
Sic	EXAMINER? HOSPITAL: 1 Inpatient 2 ER/O	utnetled 3 DOA	OTHER:	fome 5 Residence								
Ξl	27. MANNER OF DEATH 28s. DATE OF INJUR			INJURY AT	28d. DESCRIBE HOW I	NJURY OCCURE						
	1 Natural 5 Pending (Month, Day, Yea	r) IN.	JURY	WORK? YES 2 NO								
BY	2 Accident Investigation 3 Suicide 8 Could not be 28s. PLACE OF INJU	RY — At home, farm,			281. LOCATION (Street a	and Number or Ru	sral Boute Number					
	Succise 8 Could not be building, etc. (S	pecify)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		City or Town, State)		rai riodo ramon,					
COMPLETED	29e. CERTIFIER											
MP	(Check only one)											
8	2 MEDICAL EXAMINER: On the beele of examina	tion and/or investigation	on, in my opinio	n, death occured at the	time, date end pieca, en	d due to the cau	se(e) and menner ee stated.					
BE	296. SIGNATURE AND TITLE OF CENTIFIER			29c. LICENSE NUM	ABER	29d. DATE SIG	NED (Month, Day, Year)					
10.0	011 01 01000			1029-	149	1 2/5	9/94.					
o I	The second secon				7	7						
임	30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF					/						
유	William H. Robins, MD. 110		nway	Drive Sa	lisbury.M	D. 21	801					
10	William H. Robins, MD. 10	4 Health		Drive, Sa	lisbury, M	D. 21	801					
01	William H. Robins, MD. 110	4 Health		Drive, Sa	lisbury, 14	D. 21	801					

2017 - 1163

DIVISION OF VITAL RECORDS, P.O. BOX 68760	20
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. Thours after the contraction of attending physician.	nysician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the menul direction and 5 should be detached for use as the burial-transit permit. Pages be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	urial-transit permit. Pages
IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM			MENTAL	HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE O			3. TIME OF DEATH
			Ohn Wiley Cole BEX 8. AGE (In yrs. last birthday) SF UNDER 1 YEAR SF UNDER 24 HR					1994	5:30 am M
	4. SOCIAL SECURITY NUMBER	IF UNDER 24 HRS.	7. DATE O (Month,	Day Yearl	C	IRTHPLACE (State or Foreign ountry)			
	260-58-9352		52 YRS.	ONTHS DAYS	2.53	June	6,9,1		Georgia
2	98. FACILITY NAME (If not institution, give st 340 Overlea Place	reet and number)	94		R LOCATION OF DI	EATH		9c. COUNTY	
DIRECTOR	RESIDENCE OF DECEDENT			Abir	gdon			Harf	ord
IR.	10e. STATE 10b. COUNTY			OWN OR LOCAT	ION				10d. INSIDE CITY LIMITS?
	Maryland Ha:	rford	Abi	ingdon	710 0000				1 YES 2 NO
FUNERAL	340 Overlea Place			101	ZIP CODE				OF WHAT COUNTRY?
3	11. MARITAL STATUS	12. WAS DECEDENT EVER IN		13. WAS DEC	21009 ENDENT OF HISPAI		(Specify Year	or No — 14, I	SA RACE — American Indien.
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 X YES		If yes, sp	city Cuban, Maxica 2 XNO Specif	in, Puarto Ri	cen, etc.)		Black, White, etc. Specify: White
		Vietnam				,		- 1	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	completed)	(Give kind of work life. Do NOT use n	done during mo		16b. (KIND OF BUSI	NESS/INDUSTI	PY
2	Elementary/Secondary (0-12)	College (1-4 or 5+) 5+		Customer Service Rep. Stee					
Š.	17. FATHER'S NAME (First, Middle, Last)	Cubcont	JE DOLV	18. MOTHER'S NA			Surneme)		
BE C	Crawford Benjar	nin Cole			Merle		Wash	ningtor	n
2	19a. INFORMANT'S NAME (Type/Print)				nd Number or Rural				,
	Vicky F. Cole				lace, Ab		_		
21	20e. METHOD OF DISPOSITION 1 Burlal 2 Corporation 3 Remo	oval from State 20b.	PLACE AND OATE OF E	plece)		DATE		ATION — City of	
	4 Donation 5 Other (Specify) 21. SIGNATURE OF MUNERAL SERVICE LIC	R.	A. Ferri	22. NAME AL	D ADDRESS OF FA	/30/9			ester, Pa.
	> 11.16 A	Much		Howar	d K. McC	omas			Home, P.A.
	23 PART I Poter the diseases or o	Medical and a series	the death De not	131/	Cokesbur	y Rd.	, Abir	ngdon,	Md. 21009
z	shock, or heart failure. List pnly off cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):								
CERTIFICATION	Sequentially list conditions, if any, laading to immediata cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF):								
PHYSICIAN: MEDICAL (PART ii. Other significant condition	contributing to death bu	ut not resulting in t	tha underlyln	g cause givan in		24s. WAS AN A PERFORM 1 YES 2	MED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Ž	25. WAS CASE REFERRED TO MEDICAL			26. PI	ACE OF DEATH (Ch	eck only one,)		
Sic	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpetient 2 ER/Outpe		THER:	5 - Residence	8 Other	(Specify)		
	27. MANNER OF DEATH 1 Neturel 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	Y WC	RK?	28d. DE\$C	RIBE HOW IN	JURY OCCURE	0
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	— At home, ferm, etre	M 1 YES 2 NO			261. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
COMPLETED		CIAN: To the best of my knowles: On the beals of examination							use(e) end manner as stated.
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER March 30. NAME AND ADDRESS OF PERSON WHO	well in	ATH (ITEM 27) (Type, Pri	int)	29c. LICENSE NUI			29d. DATE SIG	NED (Month, Day, Year)
	,								
	31. OATE FILED (Month, Day, Year) MAY 3 1 1994	32. REGISTRAR'S SIGNA	Revdall					·	
الـــــ		79-							

dall. 14.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 holds are fully for the many the retained by the law requires that the death certificate has been signed by the attending physician and completely like in the function page 5 should be deathed for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiens prior to burial, cremation, or remodel examiner must be neithfield at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - STATE REGISTRAR	STATE OF MARYLAN		NT OF HEALTH AND TE OF DEATH	MENTAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last)	IRVING S.	DIVEN		2. DATE OF DEATH MONTH MAY 28,		3. TIME OF DEATH 0250 M		
	4. SOCIAL SECURITY NUMBER 579-03-9155	7. DATE OF BIRTH (Month, Day, Year) 6-9-20	Country)						
TOR	9a. FACILITY NAME (If not institution, give street and number) Atlantic General Hospital Berlin Berlin Worcest								
DIRECTOR	10a. STATE 10b. COUNTY	ester	n or Location City	-		10d. INSIDE CITY LIMITS? 1 YES 2 NO			
FUNERAL	1101 Philadelphia	Ave.		101. ZIP CODE 21842	The state of the s				
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS OECEDENT EVER IN U. FORCES? 1 YES : IF YES, GIVE WAR OR DATE	2 NO	13. WAS DECENDENT OF HISP If yes, specify Cuban, Mexi- 1 TYES 2 KNO Spec	can, Puerto Rican, etc.)	9	ACE — American Indian, lack, White, etc.		
COMPLETED		TION 18 Impleted) College (1-4 or 5+)		OCCUPATION one during most of working d.)	16b. KIND OF BUS		У		
OMP	12 17. FATHER'S NAME (First, Middle, Last)		Mailer	16. MOTHER'S A	Newspa]				
BE	Irving S. Diven,	Sr.	T 401 MAIN 1110 1110		nce Patchet				
2	Fred Diven			ess (Street and Number or Rura rthern Ave.	Glenn Dale				
	20e. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Removal from Stata 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNEBAL SERVICE LICENSEE 22. NAME AND ADDRESS OF EACH ITY.								
	Johns Ul	lil		22. NAME AND ADDRESS OF P Ullrich Fund	eral Home		Md.		
	23. PART / Entar the diseases, or corshock, or heart failure. Lie IMMEDIATE CAUSE (Final disease or condition resulting in death)	MESOTHELI	OMA OF				Approximate interval Batween Onset and Death		
LION	Sequentially list conditiona, if any, leading to immediate	DUE TO (OR AS A CO							
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in daeth) LAST	DUE TO (OR AS A CO	INSEQUENCE OF):						
MEDICAL	PART II. Other significant conditions of INSULIN DEPE	NDENT DIA	4BETES	MELLITUS	n Part I. 24s. WAS AN PERFOR 1 YES 2	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 M NO		
PHYSICIAN:		IOSPITAL:	ТОТН						
PHYS	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	lursing Homa 5 Residence 28c. INJURY AT WORK?	6 Cher (Specify) 28d. DESCRIBE HOW II	VJURY OCCURED			
β	1 Natural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be	28e, PLACE OF INJURY — building, etc. (Specify)	М	1 YES 2 NO	261. LOCATION (Street a	and Number or Rur	al Route Number,		
ETED.	4 Homicide determined				City or Town, State)				
COMPLET	(Check only 1 CERTIFYING PHYSICIA one) 2 MEDICAL EXAMINER:	On the beat of my knowledg	je, death occurred at the	e time, data and place, and du y opinion, death occured at th	e time, data and place, and	ner se stated. If due to the caus	(e) and manner as stated.		
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER REGERES M.	Bellow %	$\mathcal{L}_{\mu}, \mathcal{D}_{\mu}$	D295			ED (Month, Day, Year)		
	30. NAME AND ADDRESS OF PERSON WHO C			ECHWOOD PL	, existiell	, MD 2	1817		
2	JUN 01 1994	32. REGISTRAR'S SIGNATU	n-Rudal						

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		FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DI	EPARTMENT OF	HEALTH AND	MENTAL HYGIEN		
		1. DECEDENT'S NAME (First, Middle, Las	et)				2. DATE OF DEATH		3. TIME OF DEATH
		Stanley Bruce					May 27,	1994 YEAR	9:30 a M
PI		4. SOCIAL SECURITY NUMBER 297 05 0977	1 ⊠ M 2 □ F 84	(In yrs. lest bir	thday) IF UNDER 1 YEAR YRS. MONTHS DAYS		7. DATE OF BIRTH (Month, Day, Year) Oct. 17,	1909 MD	
2, 3 should	TOR	90. FACILITY NAME (If not institution, gived 10439 Assateague RESIDENCE OF DECEMENT	·		96. CITY, TOW Berlin	N OR LOCATION OF I	DEATH	9c. COUNTY OF	
permit. Pages 1,	DIRECTO	10s. STATE 10b. COUL	nty cester	1	De. CITY, TOWN OR LO	CATION			10d. INSIDE CITY LIMITS? 1 ☐ YES 2 ☑ NO
permit	AL	10e. STREET AND NUMBER			Deriiii	10f. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?
Si	ER	10439 Assateagu	e Road			21811		USA	
MARYLAND, 21215-5-0020 retained by th hospitation arending physician. 5 should be detected for usy as the burial-transit netitied at once.	BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 X Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 X YES IF YES, GIVE WAR OR D	2 NO	If yes,	BECENDENT OF HISPA specify Cuban, Mexic ES 2 X NO Speci	ANIC ORIGIN? (Specify Yearn, Puerto Rican, atc.)	a or No- 14. RA Bla	CE — American Indian, ock, White, atc.
Ta as		15. DECEDENT'S E (Specify only highest gra		16a. DECED (Give in	DENT'S USUAL OCCUPA tind of work done during NOT use retired.)	TION most of working	16b. KIND OF BU	SINESS/INDUSTRY	
ND 212 hospital or us tached for us	COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	V/-					
/LAND	MO	17. FATHER'S NAME (First, Middle, Last)	2	Store	keeper	18 MOTHER'S N	retail IAME (First, Middle, Maider		
A be de	ш	George Henry D)ailev			-	e Walston	Surrame	
MAR retained 5 should notified	8	19a. INFORMANT'S NAME (Type/Print)	- Circy	19b. M	AILING ADDRESS (Street		A Route Number, City or Tox	vn, State, Zip Code)	
	2	Louise F. Daile	У	104	35 Assate	aque Roa	d, Berlin,	Md. 2	1811
ORE, e 6 may be ector, page must be		20a. METHOD OF DISPOSITION 1 & Burial 2 Cremation 3 Re		. PLACE AND	DATE OF DISPOSITION ory or other place)			CATION — City or	Town, Stata
MO age 6 directo		4 Donation 5 Dother (Specify)		vergr	een Ceme		29/94 Ber	lin, Md.	
BALTIMORE, ter death. Page 6 may be the funeral director, page wal.		21. SIGNATURE OF FUNERAL SERVICE	Bustan		Burl Berl	in, Md.	eral Home, 21811		liams Street
rs aft remo		23. PART . Enter the diseases, o shock, or heart fellur	or complications that ceuse e. List only one seuse on e	d the death	. Do not enter the r	node of dying, su	ch es cardiec or reep	iratory srrest,	Approximate Interval Between
		IMMEDIATE CAUSE (Final disesse or condition		1 1 .				0.1	Onset and Death
ted within 24 icompletely filled ial, cremation, event, the		resulting in death)	. Mexas	CONSEQUE	Adenogystu	Counny	o of the f	hargens	1982.
D 2 2 - 0	_	_		CONSEQUE	NCE OF):				
OX 68 e be execute sician and c rior to buris traumatic	CERTIFICATION	Sequentially list conditions, if any, leading to immediate	b. DUE TO (OR AS A	CONSEQUE	NCE OF):				
P.O. BOX th certificate be extending physician at Hygiene prior to or other traum	S	cause. Enter UNDERLYING CAUSE (Disease or Injury	¢						
o.O.B certificat nding phy Hygiene p or other		that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUE	NCE OF):				
S, P.O. B(death certificate attending physiental Hygiene pri	H	resulting in death) CAST	d						
0 E Z =	AL O	PART II. Other algnificant conditi	ons contributing to death b	ut not resu	iting in the underly	ing cause given in	n Part I. 24a. WAS AN	AUTOPSY 24	b. WERE AUTOPSY FINDINGS
ECORE quires that th signed by th Health and ows any in	EDIC/						PERFO		AMILABLE PRIOR TO COMPLETION OF CAUSE
RECOR requires that been signed to of Health an shows any	MEC								OF DEATH? 1 ☐ YES 2 ☑ NO
TA the state of th	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	PLACE OF DEATH (C	heck only one)		
CIAN: ertification of It	KSI	1 TES 2 NO	1 Inpatient 2 ER/Outp		DOA 4 I Nursing H		6 Other (Specify)		
	- 4	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	20	INJURY	NJURY AT WORK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCURED	
TISIC TTENDI TTOR: A after d	TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	26a PLACE OF IN HIDY	— At home,	farm, street, factory, of	fica	281. LOCATION (Street City or Town, State	and Number or Rura)	Route Number,
DIV MTAL OR A RAL DIREC 72 hours 172 hours	COMPLETED		YSICIAN: To the best of my know						(-)
HOSP FUNE withir	- 11	296, SIGNATURE AND TATLE OF CERTIF			ongetton, in my opinion				
TO THE HOSPITAL TO THE FUNERAL I be fied within 72 h IMPORTANT: II	3 BE	Lame 7	Carred 10	40		29c. LICENSE NO	1969	≥ 5/2	D (Month, Day, Year)
	٩	James L. C.	WHO COMPLETED CAUSE OF DE	ATH (ITEM 27	Main (A D)		Sprissor	oc DA	
			32. REGISTRAR'S SIGN	ATURE	PICINICHE	ENIER	Upalosok	T MID	·····
	2	31. DATE FILED (MONTY, Day, Year) 199	14 Julia Dand	man Man	(at-la				

0315, ...

process by the hospital or attending physician. BALTIMORE MARYLAND 21215-0020 first death. Page of from the propriet of attending physicis TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. The office is the law requires that the death can be detached to the FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760

	1 - FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF		MENTAL HYGIEN REG. NO					
7	1. DECEDENT'S NAME (First, Middle, Last) Maude	Lillian		Drink	S	2. DATE OF DEATH MAINTH 310	3. TIME OF DEATH 7:35 A				
	4. SOCIAL SECURITY NUMBER 218-30-2847	1 🗆 M 2 🛣 F	(In yrs. last birthday) 79 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year) 12-29-19	(BIRTHPLACE (State or Foreign Country) MD			
LOR	99. FACILITY NAME (# not institution, give at 11540 Popes Creek	Road (Resid	lence)	Newbur	OR LOCATION OF E	DEATH	Charl	ry of DEATN les			
DIRECTOR	100. STATE 10b. COUNTY Char	rles		ewburg				10d. INSIDE CITY LIMITS? 1 YES 2 7 NO			
FUNERAL	100. STREET AND NUMBER 11540 Popes Cr	eek Rd.			01. ZIP CODE 20664			OF WHAT COUNTRY?			
ВУ	11. MARITAL STATUS 1 Never Married 2 1 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	If yes,		ANIC ORIGIN? (Specify Yearn, Puerto Rican, etc.)		RACE — American Indian, Black, Whita, atc. Specify: White			
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	160. DECEDENT'S (Give kind of wife. Do NOT use Home M	rork done during r e retired.)	TION nost of working	166, KIND OF BU		RY			
ш	17. FATHER'S NAME (First, Middle, Last) Samuel Tippett, Sr. 18. MOTNER'S NAME (First, Middle, Melden Surname) Sarah King Tippett										
TO B	196. INFORMANT'S NAME (Type/Print) Julian L. Drinks 196. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 109. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 20664										
	2% METHOD OF DISPOSITION 1 Duriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)		b. PLACE AND DATE Of the terry, crematory or of the true of true of the true of tr	her placel		6/2/94 W	cation – city aldor:				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE AREHART-ECHOLS FUNERAL HOME, INC. LaPlata, MD 20646 23. PART I. Enter the diseases, or complications that coused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximate										
	23. PART I. Enter the diseases, or cahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause on	aech line.	My	node of dying, au	ch as cerdiac or reap	iratory arrest,	Approximate Interval Between Onset and Daath			
CERTIFICATION	Sequentially list conditions, if eny, laading to immediate ceuse. Enter UNDERILVING CAUSE (Disease or Injury that Initiated events resulting in death) LAST										
PHYSICIAN: MEDICAL CE	PART II. Other aignificant condition	e contributing to deeth	but not resulting i	n the underly	ng cause given in	Part I. 24s. WAS AN PERFO!	PMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO			
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	PLACE OF DEATH (C						
	27. MANNER OF DEATH 1 Natural 5 Pending	1 Inpatient 2 ER/Out 28a. DATE OF INJURY (Month, Day, Year)	26b. TIM	E OF 28c, II	NJURY AT YORK? YES 2 NO	6 ☐ Other (Specify) 28d. DESCRIBE NOW I	NJURY OCCUR	ED			
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Nomicide determined	28s. PLACE OF INJUR building, atc. (Spe	Y — At home, farm, s								
COMPLETED	anal	CIAN: To the best of my known						tuse(s) and manner as stated.			
TO BE CO	296. SIGNATURE AND TITLE OF CERTIFIED	RUL	~		Sec. LICENSE NI			GNED (Month, Day, Year)			

32. REGISTRAR'S SIGNATURE

JUN 0 2 1994

31. DATE FILED (Month, Day,

BALTIMORE, MARYLA	
68760	
BOX	
P.0.	

DIVISION OF VITAL RECORDS,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE OF MARYLAND / DEPARTMENT / DEPARTMENT / DEPARTMENT / DEPARTMENT / DEPARTMENT / DEP	F HEALTH AND MEN OF DEATH	TAL HYGIENE REG. NO.						
1000	1. DECEDENT'S NAME (First, Middle, Last) Gertrude E. DALEY	1 M	NATE OF DEATH DAY	year 1:40 P m					
6	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthdey) IF UNDER 1 YE $214-09-4115$ 1 \square M 2 \bowtie F 9 1 YRS. MONTHS DU	8. BIRTHPLACE (State or Foreign Country) Maryland							
TOR	90. FACILITY NAME (If not institution, give street and number) RAVENWOOD LUTHERAN VILLAGE RESIDENCE OF DECEDENT	wn on Location of DEATN Hagers tow		02 Maryland sc. COUNTY OF DEATH Washington					
DIRECTOR	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR L	ocation erstown		10d. INSIDE CITY LIMITS? 1 X YES 2 NO					
FUNERAL	10. STREET AND NUMBER 11 W. Baltimore St.	10f. ZIP CODE 21740	10g. CITIZ	ZEN OF WHAT COUNTRY?					
BY	1 Never Merried 2 Merried FORCES? 1 YES 2 NO If ye	DECENDENT OF NISPANIC OF s, specify Cuben, Mexicen, Pus YES 2 NO Specify:		14. RACE — American Indian, Black, White, etc. Specific te					
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) Homemak	g most of working	166. KIND OF BUSINESS/INDI						
BE CO	17. FATHER'S NAME (First, Middle, Last) Joseph Keefer	Nora Si							
2	Opal M. Keefer 13707 Natio	nal Pike Cle	Number, City or Town, State, Zip ar Spring, Md.	21722					
	100. METNOD OF DISPOSITION 1 Burlel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION 20b. PLACE AND DATE OF	metery 6-2-9	DATE 200. LOCATION - C	oring.Md.					
	ptennis L. Maris Dav	is Funeral H	ome 12525 Bro Smithsbur	ig, Md. 21783					
	23. PART I. Enter the disease, or complications that caused the death. Do not enter the abock, or heert failure. Liet only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Out to (or as a conscouence of):		cerdlec or respiratory erre	Approximate interval Between Onset and Death					
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): ACUTE Bilateral Bneumonia 2 Week DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
A	PART II. Other algnificent conditions contributing to death but not resulting in the under	lying ceuee given in Part	I. 24a. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO					
PHYSICIAN: MEDIC	Seizure Disorder, Dementia		1 TYES 2 NO	CDMPLETION OF CAUSE DF DEATH? 1 YES 2 NO					
SICIAN	EXAMINER? HOSPITAL: OTHER:	8. PLACE OF DEATN (Check on Home 5 - Residence 8 - 6	~						
ву РНҮ	27. MANNER OF DEATN 28e. DATE OF INJURY (Month, Day, Year) INJURY INJURY INJURY		DESCRIBE NOW INJURY OCC	URED					
8	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, building, etc. (Specify)		LOCATION (Street and Number of City or Town, State)	or Rural Route Number,					
COMPLET	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINES: On the best of my knowledge, death occurred at the time, medical examination end/or investigation, in my opinions.								
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	29c. LICENSE NUMBER D17027	29d. DATE ▶5/	SIGNED (Month, Day, Year)					
	Wun B. Kang, M.D. 1751 Virginia Ave	e., Hagerst	own, Md. 2	1740					
	31. DATE FILED (Morth, Day, Year) 32. REGISTRAR & BIGHATUHE 111 0 1 1994 Julio Daniem Russel			DHMN-16 Rev 1/89					

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DHMH-16 Rev 1/89

		1 - STATE REGISTRAR		STATE OF M	MARYL	LAND / DEP. CERT		NT OF H TE OF			MENTAL	REG. NO.	_		
		1. DECEDENT'S NAME (First, Mi	iddle, Last)			,					2. DATE	OF DEATH			. TIME OF DEATH
		Charles Edv	vard	Ennis							Мау		1994	PASY	3:30 p
		4. SOCIAL SECURITY NUMBER		5. SEX		(In yrs. last birthde	MONTH	DER 1 YEAR	IF UNDER	24 HRS.	7. DATE C	OF BIRTH		. BIRTHPL Country)	ACE (State or Foreign
pla		213 22 8346		100 ×M 2 □ F	79	YRS	3.		-100		July			Md.	
3 should	œ	9s. FACILITY NAME (If not institu						TY, TOWN		ON OF DE	EATH		9c. COUNT		ГН
. 2, 3	DIRECTOR	502 Hemlock		<u>eet</u>			Salisbury Wicomico								
Pages 1	350		0b. COUNTY	1		10c.	CITY, TOW	N OR LOCAT	TION					10	d. INSIDE CITY
±.		Md	Wicor	mico		5	Alish	outy						1	LIMITS? X YES 2 NO
permit.	*AL	10e. STREET AND NUMBER						101	H. ZIP CODI	E			10g. CITIZE	N OF WH	AT COUNTRY?
5-0020 ending physician. as the burial-transit	FUNERAL	502 Hemlock	Stre	1					2180	1			USA	4	
20 Jysicii urial-t	J.	11. MARITAL STATUS 1 Never Merried 2 Mer	rried	12. WAS DECEDEN FORCES? 1	1 YES	2 2NO	1				NIC ORIGIN	? (Specify Yes Rican, etc.)	or No- 14	4. RACE — Black, V	- American Indian, Vhits, etc.
ing pl	B	3 Widowed 4 Divorce		IF YES, GIVE W	MAR OR D	ATES	1 TYES 2 NO Specify:						Ι,	Specify:	
21215-0020 to preding physician.	ED		ENT'S EDUC			16a. DECEDEN	T'S USUAL	OCCUPATION	ON		16b.	KIND OF BUS		White	5
22	4	(Specify only his Elementary/Secondary (0-12)		College (1-4 or 5 +	+)	(Give kind life. Do NO	of work don T use retired	ne during mo d.)	ast of working	19					
AND SECOND	COMPLET	6				Lumbe	ermai	<u> </u>			T	imber			
A		17. FATHER'S NAME (First, Middle							1			Aiddle, Maiden S	Surname)		
日	BE	Thomas Hen		nnis							Sta				
MARY retained by 5 should by notified at	5	John Edward	•	nie								er, City or Town			201
		20s. METHOD OF DISPOSITION			20	b. PLACE AND DA	-		-	au,	Salis	bury,	CATION - CH		
O S S S S S S S S S S S S S S S S S S S		1 Donation 5 Other (Sp.		oval from State	cen	metery, crematory	or other plac	e)		6/	/2/94		lin, N		, State
ALTIM leath. Page funeral dre xaminer o		21. SIGNATURE OF FUNERAL S		ENSEE	110	TVCI SICA	2	2. NAME AN	ND ADORES	SS OF FAC	CILITY				
BALTIN after death. Pag by the funeral di moval. Ical examiner		N.4.	11/	Buch	- 4	_							108 W	/illia	ms Street
an an an an an an an an an an an an an a		23. PART I. Enter the dise	ases, or c	complications the	Cause	d the death. E	o not ent	Berlin	de of dy	ing, suct	2 18 I I	lac or respir	ratory arres	st,	Approximata
D D D E		shock, or haer IMMEDIATE CAUSE (Finel	t fajfura. L	List only one catu	use on a	aach ilna.									Interval Between
'' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '		disease or condition resulting in death)	▶ 57	115	NO	DEN	Cers	715	Suisi	Sec	7 /	1221	lutel	nex	1 moneda
ted within completely ial, cremati		Sequentially list conditions Support Rest Support Appropriate Control of the C													
executed within and completely o burial, cremar natic event,	Z	Sequentially list conditions		يله	eve	e Ci	PO	7	- Cc	12	Pul	Lmon	Ala		YEARS
	ATIC	If any, leading to immediate cause. Enter UNDERLYING	te	DUE TO	(OR AS /	A CONSEQUENCE	OF):								
ie phy	FIC	CAUSE (Disease or Injury that initieted events	4	DUE TO	OR AS	A CONSEQUENCE	OF):								
Certi	CERTIFICATION	reaulting in death) LAST		-	(G. J.								
OS, Poe death the atten Mental H		PART II Other significant	- dition	li	*										<u> </u>
2 2 2 2	CAL	PART II. Other algnificant	conditione	s contributing to	death p	out not resulting	g in tha	underlying	g cause g	jiven in i	Part I.	24s. WAS AN A PERFORI		AV	ERE AUTOPSY FINDINGS MILABLE PRIOR TO
CO CO signed the safth earth	MEDIC											1 TES 2	NO	OF	OMPLETION OF CAUSE F DEATH?
Meduires that been signed I pt. of Health a shows any											-			1	YES 2 NO
	AN	25. WAS CASE REFERRED TO M	EDICAL					26. PI	ACE OF D	EATH (Che	eck only one	-1			
F = = = =	PHYSICIAN:	EXAMINER?	20 10	HOSPITAL:	□ ER/Out	instient 3 DO	OTH								
OF VIT, PHYSICIAN: The this certificate with the State thed, or item	Ĭ.	27. MANNER OF DEATH		28s. DATE OF	FINJURY		TIME OF	28c. INJ	JURY AT	sidence		(Specify) CRIBE HOW IN	NJURY OCCU	RED	
N OF BHYS G PHYS of the with with marked.	BY P	1 Natural 5 Pen 2 Accident Inve	nding estigation	(Month, Di	lay, Year)		INJURY M		ORK? YES 2	NO					
NDING NDING STEEL GEARTH		3 Suicide 6 Cou	uld not be	28e. PLACE O building,	OF INJURY	Y — At home, farr	n, street, t	ectory, offic	:0		281. LOCA	ATION (Street as or Town, State)	nd Number or	Rural Rout	le Number,
DIVISION OF VI. OR ATTENDING PHYSICIAN: DIRECTOR: After this certifica hours after death with the St Item 28 is marked, or it	ETE	4 Homicide date	ermined								Uny -	W rown, Greecy			
DIV AL OR A AL DIREC 2 hours 1 item				CIAN: To the best of											-
TO THE HOSPITAL (TO THE FUNERAL D BE filed within 72 h MPORTANT: If It	COMPL	one) 2 MEDICAL	EXAMINER	R: On the besis of ex	xaminatio	и end/or Investig	ition, in m	/ opinion, d	leath occur	ed at the t	time, data	and place, and	d dus to the c	csuse(s) er	nd manner as stated.
HE HC HE FU BOB W	ш	29b. SIGNATURE AND TITLE OF	CERTIFIER	1					29c. LICE	ENSE NUM	IBER		29d. DATE S	GIGNED (M	onth, Day, Year)
DE DE E	10 B	14	0	2 M	10				D3	98	43		▶ 5	131	194
	- 1	30. NAME AND ADDRESS OF PE			SE OF DE	EATH (ITEM 27) (F			0	Ar	- 0		0 . /		194 His 2180
	1	31. DATE FILED (Month, Day, Year	. / .	/ NO /	nc	2	1/00	7 1	tea	41	HW	Ay 1	Weive	- 4	7615 21801
	6	- ILIN 0 1		32. REGISTRA		NATURE Rendo	ببائية					-			
	V 1	111111	1_1334	2	-	and a land									

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a fine form of the remained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page if about the detached for use as the bunial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Degr. of Health and Mental Hypiene prior to bunial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatte event, the medical examiner must be notified at once.

FOR 1 - STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	HEGIS I HAR		VL 1	HIFICAL		DEATH	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) THOMAS	BUCBND	TIME	D.M.			2. DATE OF DEATH DA	W	YEAR	3. TIME OF DEATH
		EUGENE	EMMA				MAY 18,	1994	Į	4:50P. M
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. lest bi	rthday) IF UND MONTHS	ER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTH Countr	PLACE (State or Foreign
	215-34-4482	1 M 2 F	57	YRS.	CATS	HOUNS MIN.		937		
	9a. FACILITY NAME (If not institution, give a			9b. Cl	TY, TOWN C	OR LOCATION OF DE	ATH	9c. COUN	TY OF D	ID EATH
<u>ا</u>	350 Williams St	treet			umbe	erland			ATI	LEGANY
DIRECTOR	RESIDENCE OF DECEDENT									
뿐	MD STATE 106. COUNTY Allec	ransz		Oc. CITY, TOWN						10d. INSIDE CITY LIMITS?
	1			umber	Tanc	1				1 YES 2 NO
٦I	350 Williams St				101	. ZIP CODE			EN OF V	VHAT COUNTRY?
FUNERAL	220 MILLIAMS ST	treet				21502		USA		
3	11. MARITAL STATUS	12. WAS DECEDENT EX	/ER IN U.S. ARME	D 1:	3. WAS DEC	ENDENT OF HISPAN	IC ORIGIN? (Specify Yea	or No	14. RACE	— American Indian,
	1 Never Married 2 Married	FORCES? 1 [] IF YES, GIVE WAR	YES 2 NO		If yes, sp	ecity Cuban, Maxicar 21 NO Specify	, Puerto Rican, etc.)		Speci	
B	3 Widowed 4 Divorced					24 NO Specify		- 1	whi	
입	15. DECEDENT'S EDUC (Specify only highest grade		16a. DECE	DENT'S USUAL	OCCUPATIO	ON	16b. KIND OF BUS	SINESS/INDL	_	
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do	kind of work don NOT use retired	e auning mo !.)	st or working				
릴	12	,	fina	l fin	ish	dept.	Tir	e Co	, i	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						WE (First, Middle, Maiden		•	
	Bruce N. Emmart					Jennie	(Pfaff)			
H	19s. INFORMANT'S NAME (Type/Print)		19b. N	AILING ADDRE	SS (Street a		loute Number, City or Town	n State Zin	Code)	
입	Dorothy L.	Emmart					et; Cumb			MD 21502
	100m METHOD OF DISPOSITION 1 Burial 2 Cremetton 3 Rame		20b. PLACE AND					CATION — C		
	4 ☐ Burial 2 ☐ Cremation 3 ☐ Rame 4 ☐ Donation 5 ☐ Other (Specify)	ovat from Stata	st. Mar	ory or other plac		•	1			
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSÉE	oc. mar	ys ceill	2. NAME AN	O ADDRESS OF FAC	3/21/ CUI	<u>mberla</u>	and	MD
- 5	1/60	Marc	1	~ S	carp	elli Fu	ineral Ho	me		
3	//12/10/CM/1	XIII	L				Maryland		502	
	23. PART I. Enter the diseases, or shock, or heart failure.	omplications that ca	used the deeth	. Do not ant	ar tha mo	da of dying, such	as cardiac or reapi	ratory arre	at,	Approximata
	IMMEDIATE CAUSE (Final	List only sha cause	20 - A	_	. 00	7				Interval Between Onset and Death
	disease or condition resulting in death)	CHK	VIAC	. /	7/KK	EST.				
- 1	resolding in deadily	DUE TO (OR	AS A CONSEQUE	NCE OF):			- /			
2	Sequentially let conditions to Hewte My oughel In laster.									
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR	AS A CONSEQUE	NCE OF):	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	- The same	NA			
5	cause. Enter UNDERLYING		164	Paris	10.	Sizar chi	1			
	CAUSE (Disease or injury that initiated eventa	DUE TO (OR	AS A CONSCOUR	NCE OF):	Cy	and de	1			
	resulting in death) LAST	d.								
	DART II ON a locality of the life									
ا پ	PART II. Other algnificant condition	is contributing to dar	iith hut not rees							
S	110 17	- M. O.L	an out not last	ilting in the	Underlying	g causa givan in	Pert I. 24s. WAS AN PERFOR		24b	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
DICAL	1. May	Kellti	1	liting in the	Underlying	plentin	Pert I. 24s. WAS AN PERFOR	MED?	24b.	AVAILABLE PRIOR TO COMPLETION OF CAUSE
		Kelltn	191	liting in the	Underlying	g causa givan in Seen	PERFOR	MED?	24b.	AVAILABLE PRIOR TO
		Kelltu	191	alting in that	Underlying	seems given in Seems	PERFOR	MED?	24b.	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	25. WAS CASE REFERRED TO MEDICAL FRAMINER?	Rellin	191	he I,	26. PL	SEEN	Stark 1 - YES 2	MED?	24b	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	791	ОТНІ	26. PL	plent Va	PERFOR	MED?	24b	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	HOSPITAL: 1 Inpetient 2 ER	VOutpetient 3 URY 2	DOA 4 N	26. PL ER: ursing Hom 28c. INJ	ACE OF DEATH (Che 5 Residence URY AT	PERFOR	NO		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDI	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	HOSPITAL:	VOutpetient 3 URY 2	DOA OTHI	26. PL ER: ursing Hom 28c. INJ WO	ACE OF DEATH (Che	PERFORM 1 YES 2 1 YES 2 1 Other (Specify)	NO		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
BY PHYSICIAN: MED	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	HOSPITAL: 1 Inpetlent 2 ER 28a DATE OF INJ (Month, Day, 1)	JURY At home.	DOA OTHI	26. PL ER: ursing Hom 28c. INJ WO	ACE OF DEATH (Che 5 Residence HRY (ES 2 NO	PERFORM 1 YES 2 1 YES 2 1 Other (Specify)	NJURY OCC	JRED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ED BY PHYSICIAN: MED	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation	HOSPITAL: 1 Inpetient 2 ER 28e. DATE OF INJ (Month, Day,)	JURY At home.	DOA OTHI	26. PL ER: ursing Hom 28c. INJ WO	ACE OF DEATH (Che 5 Residence HRY (ES 2 NO	PERFOR 1 YES 2 ck only one) 6 Other (Specify) 28d. DESCRIBE HOW III	NJURY OCC	JRED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ED BY PHYSICIAN: MED	27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be detarmined	HOSPITAL: 1 Inpetiant 2 ER 28a DATE OF INJ (Month, Day,) 28a PLACE OF IN building, stc.	UNY 2 UNY At home, (Specify)	DOA OTHI 4 N 6b. TIME OF INJURY M tarm, street, ta	28. PL ER: ursing Hom WO 1 V	ACE OF DEATH (Che 5 Residence URKY (ES 2 NO	PERFOR 1 VES 2 1 VES 2 Other (Specify) 28d. DESCRIBE HOW III 26t. LOCATION (Street a City or Yown, State)	NO NO NO NO NO NO NO NO NO NO NO NO NO N	URED or Rural F	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ED BY PHYSICIAN: MED	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be detarmined 29s. CERTIFIER (Check only) 1 CERTIFYING PHYSIC	HOSPITAL: 1 Inpetiant 2 ER 28a. DATE OF INJ (Month, Day,) 28a. PLACE OF IN building, stc.	UNOUtpatient 3 URY 2 URY — At home, (Specify)	DOA OTHI 4 N 6b. TIME OF INJURY M tarm, atreet, ta	28. PL ER: ursing Hom 28c. INJ increase, officers a time, data	ACE OF DEATH (Che 5 Residence URKY (ES 2 NO and place, and due	PERFOR 1 YES 2 1 YES 2 6 Other (Specify) 28d. DESCRIBE HOW II 261. LOCATION (Street a City or Yown, State)	NO NO NO NO NO NO NO NO NO NO NO NO NO N	JRED or Rural F	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ED BY PHYSICIAN: MED	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 4 Homicide determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	HOSPITAL: 1 Inpetient 2 ER 28a. DATE OF INJ (Month, Day, 1) 28a. PLACE OF IN building, stc.	UNOUtpatient 3 URY 2 URY — At home, (Specify)	DOA OTHI 4 N 6b. TIME OF INJURY M tarm, atreet, ta	28. PL ER: ursing Hom 28c. INJ increase, officers a time, data	ACE OF DEATH (Che 5 Residence URKY (ES 2 NO and place, and due	PERFOR 1 YES 2 1 YES 2 6 Other (Specify) 28d. DESCRIBE HOW II 261. LOCATION (Street a City or Yown, State)	NO NO NO NO NO NO NO NO NO NO NO NO NO N	JRED or Rural F	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
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	FOR 1 - STATE REGISTRAR	STATE OF M	ARYLAND / DEPAR	RTMENT OF H		MENTAL HYGIENE REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	Milda	red Adams Ev			2. DATE OF DEATH MONTH MAY 29, 199	4 YEAR	3. TIME OF DEATH 11:30 A M	
	4. SOCIAL SECURITY NUMBER 218-34-8505	4-8505 1□MX©F 86 YRS.			IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) July 12,1907	A DIDT	8. BIRTHPLACE (State or Foreign Country) Maryland	
TOR	90. FACILITY NAME (# not institution, give a Glasgow Nursing RESIDENCE OF DECEDENT				or LOCATION OF DE	PC.	Dorch	nester	
DIRECTOR	10e. STATE 10b. COUNT	hester	10c. Ci1	Y, TOWN OR LOCAL Cambi	1111			10d, INSIDE CITY LIMITS? XX YES 2 NO	
FUNERAL	100. STREET AND NUMBER 206 Meteor Avenu	e Apt. 40)1	.10	21613	10g.	CITIZEN OF	WHAT COUNTRY?	
ВУ	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W		If yes, sp	ENDENT OF HISPAN ecity Cuben, Maxica XX NO Specify	IIC ORIGIN? (Specify Yee or No n, Puerto Rican, etc.)	Blac	E - American Indian, ck, White, etc.	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		(Give kind of life. Do NOT u	usual occupation work done during mose retired.)	ON st of working	16b, KIND OF BUSINES	S/INDUSTRY		
MO	17. FATHER'S NAME (First, Middle, Lest)		Doorth	серет	16. MOTHER'S NA	ME (First, Middle, Maiden Surner	ne)		
BE C	George W. Horn	er			Mag	gie May Adam	S		
TO B	19e. INFORMANT'S NAME (Type/Print)				ind Number or Rural I	Route Number, City or Town, Stat	e, Zip Code)		
	Georgia E. Emory					e, Delaware			
	29a, METHOD OF DISPOSITION Buriel 2 Cremetion 3 Rem Donation 5 Other (Specify)		20b. PLACE AND DATE	Market C	emetery	6-1 East No			
	21, SIGNATURE OF FUNERAL SERVICE LE	ensee		Thom	o adoress of fa as Funer Locust S		, Md.	21613	
CERTIFICATION	23. PART I/Enter the diseases, or shock, or heert fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentisity list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Out To	OR AS A CONSEQUENCE OF AS	Acut ext F		has cardiac or respirator diac Eve		Approximets interval Between Onset and Death I Mile 4 te Y Lars	
4	PART II. Other significent condition		desth but not reculting	in the underlyin	g cause given in	Part i. 24e. WAS AN AUTO PERFORMED? 1 YES 2 N	7	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
TED BY PHYSICIAN: MEDICA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	28e. DATE OF (Month, De	ER/Outpatient 3 DOA INJURY 9, Year) 28b. Till IN FINJURY — At home, farm, ric. (Specify)	OTHER: 4 Nursing Hon BE OF 28c. IN. URY M 1	URY AT PRK? YES 2 NO	eck only one) 6 Other (Specify) 28d. DESCRIBE HOW INJURY 28f. LOCATION (Street and No. City or Town, State)		Route Number,	
COMPLETED		R: On the bacle of ex				to the cause(e) end manner a time, date end place, end due	to the cause	(e) and manner as stated. D (Month, Day, Year)	
TO BE	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CANS	E OF DEATH (ITEM 27) (Type), Print)	D-28	~209	5/	31/94	
	# Edmand 0	Mac L	aughla 1	10 Auro	n Str	Camb-idy	pa	21613	
	MAY 3 1 1994	Julia de	water-hardall						

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	asn	rs after death with the State Oept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
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1 - STATE REGISTRAR		STATE OF N	MARYLAND / DEPA CERTIF	RTMENT OF		MENTAL HYGIEN			
1. DECEDENT'S NA THOMAS	ME (First, Middle, Les MA	RION	FIELDS			2. DATE OF DEATH DO OS 13	AY YEA		
4. SOCIAL SECURI 705-14-	2138	5. SEX 1 XM 2 F	6. AGE (In yrs. last birthday) 76 YRS.	IF UNDER 1 YEAR		(Month, Day, Year)	Co	HTHPLACE (State or Foreign untry) St Virginia	
	HEART HO	SPITAL		Pb. CITY, TOW	OR LOCATION OF	OEATH	9c. COUNTY O		
SACRED RESIDENCE CO 10a. STATE WV					eld		10d. INSIDE CITY LIMITS? 1 YES 2 X NO		
10. STREET AND P	O. Box	124			26763		10g. CUIZEN C	A .	
11. MARITAL STATU 1 Never Merried 3 Wildowed 4	2 Merried		T EVER IN U.S. ARMED YES 2 NO MAR OR DATES	If yee,		PANIC ORIGIN? (Specify Yealcen, Puetto Ricen, etc.)	В	ACE — American Indian, lack, While, etc.	
Elementary/Sect 10			(Give kind of	s usual occupa work done during use retired.) DETMAN	TION most of working	166. KIND OF BU	er Busir	Y	
17. FATHER'S NAME	Frank	Paul Fie			Cathe	NAME (First, Middle, Melden erine Price	e Stickl	-	
Irma	L. Fie	elds				Springfield			
29e. METHOD OF 0 1 - Buriel 2 - 0 4 - Donalion 5	Premetton 3 - Re	emoval from State	cometery, crematory or Springfie	ld Hill	Cemeter	5/15/94 \$		ield, WV	
21. SIGNATURE OF	ark.	Shall.		Sha	and address of	neral Home, ain St., Ror	Inc. mney, W	J 26757	
IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, is eding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST Onset and De Source of S								5d 5d 204KS	
	ignificant conditi	ions contributing to	death but not resulting	In the underly	ing ceuse given	in Part t. 24e. WAS AN PERFOI	PMED?	24b. WERE AUTOPSY FINDING AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
25. WAS CASE REFI	ERRED TO MEDICAL	HOSPITAL		26.	PLACE OF DEATH	(Check only one)			
1 Pamurai		26e. DATE OF (Month, D	INJURY 28b. Ti	4 Nursing H	NJURY AT WORK? YES 2 NO	26d. DESCRIBE HOW	NJURY OCCURE		
2 Accident 2 Suicide 4 Hamicide	6 Could not be determined	26e, PLACE O	F INJURY — At home, ferm, etc. (Specify)	street, factory, or	fice	281. LOCATION (Street City or Town, State)		ral Route Number,	
			my knowledge, death occur xemination end/or investigat					se(e) end manner ee stated.	
29b. SIGNATURE AI	O TITLE OF CENT	12/10	1820/1	mo	29c. LICENSE I	218/	29d, DATE SIGN	13-94	
	WAGONER	/	OF DEATH (ITEM 27) (Type BISHOP WALS		CUMBERLA	ND,MD. 2150)2		
31. DATE FILED (Mo	orth, day, Year)	32. REGISTRA	R'S SIGNATURE Las	idson	-Ra	ndale)		
	1	1			-	D. I		OHMH-16 Rev	

Pages 1, 2, 3 should permit. burial-transit oours after death. Page 6 may be retained by the hospital or attending physician. I by the funeral director, page 5 should be detached for use as the burial-tran BALTIMORE, MARYLAND 21215-0020 medical examiner 0 filled cremation. completely DIVISION OF VITAL RECORDS, P.O. BOX 68760 requires that the death certificate be executed with prior to burial, the attending physician and Mental signed by the has been s Dept. of H HOSPITAL OR ATTENDING PHYSICIAN; The law certificate I

Funeral Home FOR Par STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1194 de CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATN orrest Grady Grady Forrest May 24 1994 1520 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. last birthday) BIRTNPLACE (State or Foreign Country) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Yea DAYS HOURS 1 M 2 □ F 227-50-8001 YRS Jan 29.1943 Virginia 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Dorchester General Hospital Cambridge Dorchester 10a. STATE 10b: COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Virginia Frederick Winchester YES 2 NO FUNERAL 10a. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 200 Kimberly Way 22601 USA 13. WAS DECENOENT OF NISPANIC ORIGIN? (Specify Yea or No—
If was specify Cuban, Mexican, Puerto Rican, etc.) 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 14. RACE — American Indian, Black, White, atc. If yes, specify Cuban, Mexican, Pr 1 YES 2 NO Specify: 1 Never Married 2 X Married IF YES, OIVE WAR OR DATES specify: White B 3 Widowed 4 Divorced 16a. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INOUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 10 Construction Worker Road Paving 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) 10 Forrest Grady, Sr. Mary Wolfe BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 0 Melanie Grady 200 Kimberly Way Winchester, Va. 22601 pe 20a, METNOD OF DISPOSITION
1 (A Buriel 2 □ Cremation 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE must Shenandoah Mem. Park 4 Donation 5 Other (Specify) 5-28 Winchester, Virginia 21. SIGNATURE OF PLIMERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Thomas Funeral Home 700 Locust St. Cambridge, Md. 21613 entil L 23. PART 1/Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or reepiratory erreet, shock, or heert fellure. List only one ceuse on each line. Interval Between Onset end Death IMMEDIATE CAUSE (Fine) the disease or condition Arteriosclerotic Cardiovascular Disease resulting in deeth) traumatic event, DUE TO (OR AS A CONSEQUENCE OF): Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initieted events resulting in deeth) LAST 6 PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? any 1 YES 2 NO shows Inquiry 1 - YES 2 - NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATN (Check only one) HOSPITAL OTHER:
4 Nursing Nome 5 Residence 8 Other (Specify) 1 X YES 2 NO Inpetient 2 XER/Outpetient 3 DOA 6 27. MANNER OF CEATH 28a. OATE OF INJURY (Month, Day, Year) 28c, INJURY AT WORK?
1 YES 2 NO 28b. TIME OF 28d, DESCRIBE NOW INJURY OCCURED marked, 1 Natural 5 Pending BY 2 Accident DIRECTOR: Afthours after dealitem 28 is m 3 Suicide 28a. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) ETED 8 Could not be 4 Nomicide Item 29s. CERTIFIER (Check only 1 CERTIFYINO PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. COMPL TO THE HOSPITAL OF THE FUNERAL D BE filed within 72 hr (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIED 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) hutem) O.C.M.E May 25 1994 2 30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF CEATN (ITEM 27) (Type, Print) Dennis J

MD

32. REGISTRAR'S SIGNATURE

Talia Davdear Rardall

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31. DATE FILED (Month, Day, Year)

1994

this ce

After

hours

111 Penn Street, Baltimore, Maryland 21201

DHMH-16 Rev 1/89

	7	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	TMENT OF H	IEALTH AND I	MENTAL HYGIEN		
		1. DECEDENT'S NAME (First, Middle, Last)			- · ·		2. DATE OF DEATH		3. TIME OF DEATH
		Stephen Joseph					_	1994	7:35 A M
Þ		4. SOCIAL SECURITY NUMBER 215 26 6110	1½ M 2 □ F 61	(In yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Dec. 24,	1932	BIRTHPLACE (State or Foreign Country)
2, 3 should	стов	98. FACILITY NAME (If not institution, give st. 205 St. Louis Av.			ob. city, town o	City	ATH	9c. COUNTY Word	
es 1	E E	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c, CIT	Y, TOWN OR LOCAT	ION			10d. INSIDE CITY
permit. Pages	L DIRE	MD Worce	ster		ean City				LIMITS?
in. ansit pe	VERAL	205 St. Louis Ave	enue			21842		USA	N OF WHAT COUNTRY?
215-0020 attending physician. ise as the bunal-transit	BY FUNE	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 TYPES IF YES, GIVE WAR OR DE Korean Con	2 NO ATES	tf yes, spi	ENDENT OF HISPAN ecity Cuban, Mexica 2 NO Specify	tC ORtGIN? (Specify Yea n, Puerto Rican, etc.)		. RACE — American Indian, Black, White, atc. Specify: White
N	LETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	ATION completed) College (1-4 or 5 +)	16a. DECEDENT'S	USUAL OCCUPATIO work done during mo- se retired.)	DN st of working	16b. KIND OF BUS		
	COMPL		2	printing	& Mailir		printin		ailing
at once.		17. FATHER'S NAME (First, Middle, Last) John Gulyas					ME (First, Middle, Maiden	Surneme)	
2 2 2		19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a	Anna A	IMASI Noute Number, City or Town	n State Zin Co	orlei
		Louise L. Gulyas					Ocean City		
I IMORE, I Page 6 may be ral director, page 4		20a. METHOD OF DISPOSITION 1	vat from State CON	PLACE AND DATE	OF DISPOSITION (Na	me of	DATE 20c. LO	CATION - City	y or Town, Stata
ALTIM death. Page tuneral dire		21. SIGNATURE OF TUNERAL SERVICE LICE	#	ape Hen	22. NAME AN	ID ADDRESS OF FAC	CILITY		d. Delaware Villiams Street
EA rs after de n by the fu removal.		The second secon	utal		Berlin	. Md.	21811		
Ped in E		23. PART I. Enter the diseases, or c shock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition	Int only one cause on a	the death. Do i	not enter the mo	de of dying, auci	nas cardiec or reapi	ratory arrest	Interval Between Onset and Death
760, ed within ompleter al, crema		resulting in death)	DUE TO (OR AS A	CONSEQUENCE O)				Sm6 S
be be	FICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE O	F):				
certificate adding physical ph	TIFIC	CAUSE (Disease or Injury that initiated events resulting in desth) LAST	DUE TO (OR AS A	CONSEQUENCE O	F):	3			
		PART II Other elgoiticent conditions	contribution to death b						
uires that signed by Health and Ws amy I	일	PART II. Other algnificant conditions	contributing to death b	ot not resulting	in the underlying	j Ceuse given in	Part I. 24a. WAS AN PERFOR 1 TYES 2	IMED?	24b. WERE AUTOPSY FINDINGS AMRLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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a se se se se se se se se se se se se se		25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28. PL	ACE OF DEATH (Che	ck only one)		
ICIAN: ertific: the Si	IXSI	1 VES 2 NO	1 Inpatient 2 ER/Outp		4 - Nursing Home	5 Residence			
DING PHYS After this of death with	ву РНУ	1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)		M 1 Q	RK? 'E\$ 2 \(\) NO	26d. DESCRIBE HOW II	NJURY OCCUR	.ED
TTENDI TTOR: A after de	E E	3 Suicide 6 Could not be 4 Homicide determined	26a. PLACE OF tNJURY building, atc. (Spec	— At home, term, :	street, factory, office		28t. LOCATION (Street a City or Town, State)	and Number or i	Rural Route Number,
A P P	鱼		RAN: To the best of my know						
THE HOSPITAL THE FUNERAL filed within 72	8	211 MEDICAL EXAMINER 296. SIGNATURE AND TITLESOF CERTIFIER	: On the basis of avamination	n and/or investigation	n, in my opinion, de			d due to the c	ause(a) and manner as stated.
TO THE De filed	TO BE	My C	41	W		29c. LICENSE NUM	278	29d. DATE SI	IGNED (Month, Day, Year)
		30, NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type	Print)	57. 5	Salish	MI	121801
	12	31. DATE FILED (Month, Dey, Year)	32. REGISTRAR'S SIGN	ATURE	MAS I		0		/

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BALTIMORE, MARTIND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

unial-transit permit. Pages 1, 2, 3 should TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Exhours after death. Page 6 may be retained by the attending physician and completely filled in by the funeral director, page 5 ahourd be retained be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	HEGISTHAN		- OL	-11111	ICALE	01	DEAL	111	HEG.	NO.		
	1. DECEDENT'S NAME (First, Middle, Las ALEXANDER))	GROSS						2. DATE OF OEAT MONTH MAY 26,	DAM	year 02:45 A M	
1 3	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	t birthday)	IF UNDER t	YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH		6. BIRTHPLACE (State or Foreign	
	217-12-4802	1 M 2 □ F	79	YAS.	MONTHS	DAYS	HOURS	MIN.	Feb. 9,		Country)	
	9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY, 1	DWN 0	R LOCATIO	ON OF DE			Maryland OUNTY OF GEATH	
DIRECTOR	CALVERT MEMORIAL						FRED			2.00	LVERT	
[[[RESIDENCE OF DECEDENT 10e. STATE 10b. COUN	TV		10- CIT	Y, TOWN OR	LOCAT	1011					
<u>=</u>	111111111111111111111111111111111111111					LOCAL	, on				10d. INSIDE CITY LIMITS?	
	Maryland Ca	lvert		L	usby						1 YES 2 NO	
¥	430 Sollers Wha	D.J				101.	ZIP CODE	-		10g. C	CITIZEN OF WHAT COUNTRY?	
9							206	657			USA	
FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT FORCES? 1	YES 2 N	MED					IC ORIGIN? (Specif		- 14. RACE — American Indian, Black, White, atc.	
ВУ	3 🕅 Widowed 4 🗌 Divorced	FORCES? 1 [IF YES, GIVE WA	R OR DATES	-			2 X NO			'	Specific:	
		1			1						Black	
COMPLETED	15. DECEOENT'S Et (Specify only highest gra	de completed)	(Gi	ve kind of v	Work done du	ving mos	IN st of workin	g	16b. KIND OF	BUSINESS/	INDUSTRY	
اتا	Elementary/Secondary (0-12)	College (1-4 or 5+)		Do NOT us								
M				11 uci	k dri	ver				,		
8	17. FATHER'S NAME (First, Middle, Last) Samuel To					- 1			WE (First, Middle, Ma	den Surname))	
8		rney					Eli	_		Gros		
2	19a. INFORMANT'S NAME (Type/Print) Eliza Foote								loute Number, City or		Zip Code)	
								Lus	sby, MD			
	20a. METHOD OF DISPOSITION 1 Durial 2 Cremation 3 Re	moval from State	20b. PLACE A	MD DATE	OF DISPOSIT	ION (Na	ma of		OATE 200	LOCATION	- Cify or Town, State	
1	4 Donation 5 Other (Specify)		St. Jo	ohn's	Chr.	. C∈	em.	5/30)/94	Lusby,	MD	
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE			22. N	AME AN	D ADDRES	SS OF FAC	Sewel:	Fune	eral Home	
	Spence	18 X	gen a	11	145	51 E	ares	Bea	ch Rd. 1	rince	Fred.,MD 20678	
	23. PART i. Enter the diseeses, O	complications thet	ceused the de	ath. Do r								
	ahock, or heart fallum iMMEDIATE CAUSE (Final	. List only one caus	e on each line								Interval Between Onset and Death	
	disease or condition	1	+. P		7		6	7			Onset and Death	
1 1	resulting in death)	a. Azz	OR AS A CONSEC	DUENCE O	PI:	2	1-4,	14	C			
_		P	~ 111 00	0	,						į	
0	Sequentially list conditions, if any, leeding to immediate	b. DUE TO (OR AS A CONSEC	DUENCE OF	F):					,		
X	cause. Enter UNDERLYING					~	P	1	-0 D	ca. ca		
프	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CONSEC	DUENCE OF	F):	7	Iu	(Mg.		3(436		
CERTIFICATION	resulting in death) LAST	od.										
EDICAL	PART II. Other algnificant condition				in the und	erlying	cauae g	given in	Part I. 24a, WA	AN AUTOPS	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO	
음	Leral	falle	14 per	I	1) 2/				1 _ YE	S 2 - NO	COMPLETION OF CAUSE OF GEATH?	
ME I		190, 1	31am 5	y-d	mo						1 TYES 2 NO	
	DID TOBACCO USE	CONTRIBUTE	TO CAU	SE OF	DEAT	H Y	ES [] NC				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:					ACE OF O	EATH (Che	ck only one)			
is	1 YES 2 NO	1 Impatient 2	ER/Outpatient 3	□ DOA	OTHER:		5 🗆 Re	sidenca	6 Other (Specify)			
[[27, MANNER OF DEATH	28a. DATE OF II (Month, Day	NJURY Vanci	26b. TIM	E OF 2	6c. INJI	JRY AT		28d. DESCRIBE H	W INJURY	OCCUREO	
ВУБ	1 Netural 5 Pending 2 Accident Investigation		, reary	HAO	M		ES 2	ON [
	3 Suicide 8 Could not b	26a. PLACE OF	INJURY — At ho	me, larm,	street, lector	y, office	,		28f. LOCATION (St	set end Num	ber or Rural Route Number,	
E	4 Homicide detarmined	bullaing, a	tc. (Specify)						City or Town, S	tate)		
COMPLET	29e. CERTIFIER CERTIFYING PHY	SICIAN: To the best of n	ny knowledne de	ath occur	ad at the st-	a date	and elec-	and du-	to the negrotal	manner :		
M											o the ceuse(a) and manner as stated.	
		4	7	- July will	,y opi							
띪	296. SIGNATURE AND TITLE OF CERTIF	1	/				29c. LICE	NSE NUM	BER	29d. D	MATE SIGNEO (Month, Day, Year)	
٥	26 NAME AND ADDRESS OF BEREI	and control	05.45				03	5 51	65		2 6-77	
	30. NAME AND ADDRESS OF PERSON V Jonathan Low			4 27) (Type,	, Print)			Dri	nce Fred	orial	· MD	
	31. DATE FILED (Month, Day, Year)	32 /REGISTRAR	'S SIGNATURE					- 111	TICE TIEC	CI LUK	, 1111	
	MAY 3 1 199		when has	fall								
- 1	MILL 0 T 199.				п							

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DIVISION OF VITAL RECORDS, P.O. BOX 687604 THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with

DIVISION OF VITAL RECORDS, P.O. BOX 68760.	BALTIMORE, MARYCAND 21215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with: Abouts after death. Page 6 may be notined by the hospital or attending physician.	ours after death. Page 6 may be manned by the houpits or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the numerial mirroring page 5 shows to granted by use as the burial-train	d in by the tuneral director, page 5 should be described by use as the burial-tran
be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene pnor to burnal, cremation, or removal.	or removal.
18 item 90 is marked as from 92 shows any injury or other transmits event the medical avantage much be nestitied at sace	medical avaminar much he notified at secon

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Snow, M. D

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH DAY James N Gilford 14 94 4:50PM 4. SOCIAL SECURITY NUMBER 8. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER t YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign HOURS NØM2□F YRS. 214-05-8232 81 11/13/12 PENNA. 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c COUNTY OF DEATH DIRECTOR Memorial Hospital Allegany Cumberland 10b. COUNTY 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Allegany Cumberland 1 YES 2 | NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? FT Cumberland Arms 10 N Liberty St 21502 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No- RACE — American Indian, Black, White, atc. 1 Never Married 2 Married If yes, specify Cuban, Maxican, Puerto Rican, atc.) 1 TYES 2 NO Specify: ВУ Specify: 3 Widowed 4 Divorced WHITE COMPLETED 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION ecify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY (Spe Elementary/Secondary (0-12) College (1-4 or 5+) 12 CELENESE CORP OF AMERICA MANUF/SILK 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) BE PAUL WILLIAM GILFORD CLARA SARAH MATTHEWS 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip CodeMARYLAND 21502 5 LILLIAN V. GILFORD FT. CUMBERLAND ARMS 10 NORTH LIBERTY ST CUMBERLAND 20a METHOD OF DISPOSITION

1 Burial 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, Stata DATE ☐ Donation 5 ☐ Other (Specify) HILLCREST CEMETERY MAY 17 1994 CUMBERLAND MARYLAND 21. SIGNASURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY MERRITT-ADAMS FUNERAL HOME 404 DECATUR STREET CUMBERLAND MARYLAND 23. PART I. Enter the diseases, or complications that ceuead the deeth. Do not enter the mode of dying, such as cardiac or reepiratory arrest, Approximate shock, or heert fellure. Liet only one cause on each line Interval Between Onset and Death IMMEDIATE CAUSE (Finel disease or condition_ Arteriosclerotic cardiovascular disease resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentielly list conditions. DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initieted events resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE t YES 2 NO PHYSICIAN: DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES [25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: YES 2 NO 1 | Inpetient 2 | ER/Outpetient 3 | DOA |
28a. DATE OF INJURY | 28b. Ti ng Home 5 - Residence 8 - Other (Specify) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 YES 2 NO В Accident Investigation 28a. PLACE OF INJURY — At home, term, street, factory, office building, stc. (Specify) 3 Suicide 28t, LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be COMPLETED 4 Homicide 29a_CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data end place, and due to the cause(a) and menner as stated. EXAMINEM: On the basis of examination end/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(e) and manner as stated. TITLE CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE Dpty Med Ex D 01957 5/14/94 PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

124 w 3rd st Cumberland Md 21502

BALTIMORE, MARYLAND 21215-0020	ours after death. Page 6 may a mere to the hospital or attending physician.	s cardificate has been signed by the attending physician and completely filled in by the funeral director, pages should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the control of the Charles of Angella and Married Language and the control of the Charles of the Cha	nedical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 yours after death. Page 6 may as many in the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the individual physician and completely filled in by the individual physician and completely filled in by the individual physician prior to be proposed to be seen and the physician prior to be proposed to be seen and the physician prior to be proposed to be seen and the physician prior to be proposed to be	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA		MENT OF I		IENTAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last)	RUTH NOF	RINE GI	UESSF0		2. DATE OF DEATH MONTH D	AY YEAR 4- /9 944	3. TIME OF DEATH		
	215 20 9896 1	□ M 2 🗸 F	67 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 3-17-2	Cour	THPLACE (State or Poreign http) RYLAND		
STOR	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Western Maryland Center RESIDENCE OF DECEDENT 9c. COUNTY OF DEATH Washington									
- DIRECTOR		hinston		A GERS	stown			10d. INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL	18003 SAND				21740		usi	WHAT COUNTRY?		
В	1. MAHITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	P. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes, sp	ENDENT OF NISPANI ecify Cuban, Mexican 2 NO Specify:	C ORIGIN? (Specify Yes, Puerto Rican, etc.)	n or No 14, RAC Blac Spe	CE — American Indian, ck, White, etc.		
COMPLETED	15. DECEDENT'S EDUCATI (Specify only highest grade con Elementary/Secondary (0-12)	ION npleted) College (1-4 or 5+)	life. Do NOT use	ork done during mo retired.)	st of working		SINESS/INDUSTRY			
MO	17. FATHER'S NAME (First, Middle, Leat)		Depart	Henc M			tment S	tore		
	Luther Edwa	ard Pa	lmer		Della	E (First, Middle, Maiden A Mae	Tabler			
BE	19a. INFORMANT'S NAME (Type/Print)	143		DDRESS (Street a		oute Number, City or Tow				
TO	Irene E. Fay							n,Md. 2174		
B.7	20e. METHOD OF DISPOSITION 1 A Burlal 2 Cremation 3 Removal 4 Donation 5 Other (Specify)	from State 20b.1	PLACE AND DATE OF	DISPOSITION (Na	me of	OATE 20c. LO	CATION City or T			
	21. SIGNATURE OF FUNERAL SERVICE LICENS	SEE .		22. NAME A	ID ADDRESS OF FACI	LITY				
	R. hoel to			40 E.	Antietan	man Funer Street,	Hagersto	Inc. <u>wn,Md. 21740</u>		
	23. PART I. Enter the diseases, or com shock, or heart failure. List	only one cause on ea	tha death. Do no ch line.	t anter tha mo	da of dylng, such	as cardiac or reapi	ratory srreat,	Approximata interval Between		
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	Cardi	epul:	mona	x Pr	rest		Onset and Death		
	_	DUE-TO (OR AS A	CONSEQUENCE OF):	, , , (1	01	_			
0	Sequantially list conditions, if sny, lasding to immediate	OUE TO (OR AS A	CONSEQUENCE OF):	war	pone	CH .				
CAT	cause. Enter UNDERLYING CAUSE (Disesse or injury							j		
CERTIFICATION	that initiated events resulting in death) LAST	OUE TO (OR AS A	CONSEQUENCE OF):							
AL C	PART II. Other algolificant conditions co	ontributing to death bu	t not resulting in	the undariving	cause given in P	art I. 24a, WAS AN	ALITOPSY LTL	b. WERE AUTOPSY FINDINGS		
2	Lype	Ansin	,		Λ	PERFOR	MEO?	AVAILABLE PRIOR TO COMPLETION OF CAUSE		
PHYSICIAN: MEDIC	Sta	Tue post.	Dozen	aker -	molant	1 TYES 2	No	OF DEATH?		
2	Heind	on lah	1000	Lao De	A.T			1 TYES 2 NO		
A.	25. WAS CASE REFERRED TO MEDICAL	1000	wy og	21. PL	ACE OF DEATH (Chec	k only one)				
Sic		OSPITAL: Officient 2 [] ER/Outper		OTHER:	5 🗆 Residence 6	1.	Indon Ma	Vand Center		
ž	27. MANNER OF DEATH	28a. DATE OF INJUSTY (Month, Day, Mer)	28b. TIME INJU	OF 28c. INJ	JRY AT	and OESCRUBE HOW II	NJURY OCCURED			
BY	1 Accident 5 Pending	1	invo	2000	ES 2 NO					
	2 Accident 3 Suicide 6 Could not be determined. 28e. PLACE OF INJUST.— At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Youn, State)									
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN DEDICAL EXAMINER: 0	i: To the best of my knowle in the basis of examination						a) and manner ee stated.		
TO BE C	296. SIGNATURE AND THE OF CERTIFIER	enle f	en G.C	han-	D 27 8	98	PO G 4	LIGHT		
F	30. NAME AND ADDRESS OF PERSON WHO CO	MPLETED CAUSE OF GEAT	TH (ITEM 27) (Type, P	MO.	310 mi	48. H	quitn	"HD		
	JUN 0 7 1994	32. REGISTRAR'S SIBNA	ALL.			/(J			

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DIVISION OF VITAL RECORDS, P.O. BOX 68760.

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with cours after death. Page a may be classified by the hospital or attending physician.

TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director lage 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or liem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR		CERTIFIC		DEATH		EG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF	DEATH			3. TIME OF DEATH
	RETTIE	M. HI	ENNEN			04 0	5 1		94	23:22 M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF E	BIRTH		8. BIRTH	IPLACE (State or Foreign
	215-20-6784	1 M 2 D F	YRS.	IONTHS DAYS	HOURS MIN.	(Month, Da		905	Countr	IV
	9a, FACILITY NAME (If not institution, give stre	et and number)	1 2	9b. CITY, TOWN OR LOCATION OF DEATH					INTY OF D	
TOR	MEMORIAL HOSPITAL & MEDICAL CENTER CUMBERLAND, MD ALLEGANY									IY.
DIRECTOR	MD 10b. COUNTY Allega	any	10c. CITY, Oldt	TOWN OR LOCAT	ION					10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	10e. STREET AND NUMBER Route 1 Box 100			101	21555			USA		WHAT COUNTRY?
Z I	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	II S. ARMED	12 WAS DEC	ENDENT OF HISPAN	IIC OBIGINA (6	analis Mar			E — American Indian,
BY FI	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 TYES	2 NO TES NO	If yea, sp	NO Specify	n, Puarto Ricar		0.70	Speci	k, White, atc.
COMPLETED	15. DECEDENT'S EDUCA	TION	16a. DECEDENT'S U	SUAL OCCUPATION	ON .	16b. KIN	O OF BU	SINESS/IN		LCE
Ш	(Specify only highest grade co	College (1-4 or 5 +)	(Give kind of wo life. Do NOT use	rk done during ma retired.)	st of working					
린	12		watchto	wer ke	eper		for	rest	der	nt.
ő	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middl			del	
ш	Lucian H. Dolly				Mary Be	110	han	nn		
TO B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	DDRESS (Street a	nd Number or Rural F			-	p Code)	
F	Irvin He	ennen	Rout	te 1 Box	x 100 O1	dtown	MD	215	555	
	20a. METHOD OF DISPOSITION X Burlal 2 Cremation 3 Remove	20b.	PLACE AND DATE OF	DISPOSITION (Na		DATE			City or To	wn, Stata
İ	4 Donation 5 Other (Specify)	Gle	etery, crematory or other condale Ce	meterv		5/16/	F1:	intst	one	MD
ì	21. SIGNATURE OF FUNERAL SERVICE LICES	ISEE	. /	22. NAME AF	elli Fu	CILITY				
	Yores 7 1	XIOCURI	1.	Cumbe	rland,	Marv	land	лие 1 2	1502)
	23. PAJIT I. Enter the diseases, or co	mplications that caused	tha daath. Do no	t antar the mo	da of dying, such	h as cardiac	or reap	ratory ar	reat,	Approximata
	shock, or heart failure. Lis	at Dnly Dna cause Dn aa	ch lina.	1 1						Interval Between Onset and Death
	disease or condition	Concerto	R Hear	1 Joul	uve					days
i	reaulting in death) a.	DUE TO YOR AS A	CONSEQUENCE OF)	0						192
z		U								
유	Sequantially list conditions, If any, leading to immediate	OUE TO (OR AS A	CONSEQUENCE OF)							
CERTIFICATION	CAUSE (Disease or Injury									
E	that initiated evants	DUE TO (OR AS A	CONSEQUENCE OF):							1
E	d.									
ا پـ	PART ii. Other significant conditions	contributing to death by	t not reaulting in	tha underlying	g cause given in	Part I. 24s		AUTOPSY	24b	WERE AUTOPSY FINDINGS
DICAL	Acute	Lenal tail	me				PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE
III II						— ''	TES 2	NU		OF DEATH? 1 YES 2 NO
Σ.	DID TOBACCO USE CO	ONTRIBUTE TO	CAUSE OF	DEATH Y	ES I NO	D)				T TES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL				ACE OF DEATH (Ch					
SIC		HOSPITAL:		OTHER:	e 5 🗆 Residenca	6 Other (Sc	ecify)			
호	27. MANNER OF DEATH	26a. DATE OF INJURY (Month, Day, Year)	266. TIME	OF 28c, INJ		26d. DESCRI		NJURY OC	CURED	
BYF	1 Natural 5 Pending 2 Accident Investigation	(Month, Suy, 10al)	INJU		ES 2 NO					
	3 Suicide 6 Could not be	26a. PLACE OF INJURY - building, atc. (Specif	At home, farm, str	eet, factory, offic		28f. LOCATIO			or Or Rural F	Route Number,
	4 Homicide determined		77			City or io	wn, State)			
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYSICI.	AN: To the best of my knowle	idga, death occurred	at the time, data	and place, and due	to the cause(a) and mar	nner aa ata	rted.	
8		On the beals of examination								i) and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER	10			29c. LICENSE NUM					(Month, Day, Year)
BE		11 11			D 33280			▶ c	tick	3 4
유	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type, F	Print)	ט טאכנ ע				10-11	
	DR. SUNIL GUPTA,	JOHNSON HEIC	GHTS MEDI	CAL BLD	G., KENT	AVE.,	CUN	1BERL	AND.	MD
	31. DATE FILED (Month, Day, Near)	12. REGISTRAR'S SIGNA	TURE		12					
	5/17/94	Julia 1	Jarid	eor)-1	Kanda	u				
	,	1			nu	/				DHMH-16 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cartificate be executed within the fine within 72 hours after death. Page 5 may be retained to me mending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL	HYGIENE
TRAR	CERTIFICATE OF DEATH		REG. NO.
T'S NAME (First Middle Leet)			

	1 - FOR STATE REGISTRAR	STATE OF MARYL		ENT OF HEALTH A		TAL HYGIEN	E		
	1. OECEDENT'S NAME (First, Middle, Last)					ATE OF DEATH		3. TIME OF DEATN	
	KATHLEEN L.	HAAN			М	AY 17.	1994	3:21 A.M	
		. SEX 6. AGE (UNDER 1 YEAR IF UNDER 24	HRS. 7. D	ATE OF BIRTH	8, BIR	THPLACE (State or Foreign	
	218-30-0061	☐ M 2 DX F	61 YRS.	THE DAYS HOURS		AN.8,19		ARYLAND	
	9a. FACILITY NAME (If not institution, give street	and number)	9b.	CITY, TOWN OR LOCATION		71111091	9c. COUNTY OF		
S S	MORAN MANOR NURSING HOME WESTERNPORT ALLEGANY						GANY		
5	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY								
DIRECTOR	WEST VA MINE	DAI		WN OR LOCATION				10d. INSIDE CITY LIMITS?	
	100. STREET AND NUMBER	KAL	KIU	GELEY				1 YES 2 X NO	
R	ROUTE 2, BOX 95				1			WHAT COUNTRY?	
FUNERAL		2. WAS DECEDENT EVER III	NIIS ARMED	2675		MON2 (Caralle, Var	U.S.		
	1 Never Merried 2 Merried	P. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yee, specify Cuban,	Mexican, Pue		Bio	CE — American Indien, ack, White, etc.	
B	3 Widowed 4 Divorced	ir rea, dive then on or	AT ES	1 TYES 2 X NO	Specify:		Sp	WHITE	
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade con	ION noleted)	16a. DECEDENT'S USU	AL OCCUPATION done during most of working			BUSINESS/INDUSTRY		
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5+)	iffe. Do NOT use ret	PPARTS [DEDT	SEARS RETAI		_	
₽	12		SALLS KI	II FARTS	DEFI	KEIAI	L STOR	(E	
응	17. FATHER'S NAME (First, Middle, Last) BAKER LEASE					rst, Middle, Malden			
띪						SIMPSO			
임	190. INFORMANT'S NAME (Type/Print) DEBRA HAAN			ORESS (Street and Number or				06750	
			PLACEANDDATEOFD	2, BOX 14					
- 1	20e. METHOD OF DISPOSITION 1 X Burlel 2 Cremetion 3 Removal 4 Donation 5 Other (Specify)	I from State	intoni ammatani ni athai	Jan-1	1		CATION — City or		
	21. SIGNATURE OF FUNERAL SERVICE LICENS		ILLUKESI	22. NAME AND ADDRESS	OF FACILITY	,		LAND, MD	
	Mr Jula	7 , ,						IOME, P.A.	
_	Gerall 91, 1	grenuch)	,	202 GREEN	E ST	.,CUMBE	RLAND,	MD 21502	
	23. PART t. Enter the diseases, or con- shock, or heart feilure. List	t only one ceuse on e	ach line.	inter the mode of dying	g, such as	cerdiac or reepi	ratory arrest,	Approximata interval Between	
	IMMEDIATE CAUSE (Fine) disease or condition						Onset and Death		
	resulting in death) a	CARDIA C ARREST DUE TO (OR AS A CONSEQUENCE OF): ACUTE MYO candial Imparction DUE TO (OR AS A CONSEQUENCE OF): CORONARY ARTERY DISEASE.							
_		APUTE	A A . 1 = 0 A	indial In	ndan 1	TINN			
ᅙ	Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CDNSEOUENGE OF):								
CA	CAUSE (Disease or Injury	CORON	ARY A	RTERY Y	113eA	SE.			
	thet initieted eventa reaulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):						
CERTIFICATION	d								
- 11	PART II. Other eignificant conditions c	ontributing to death b	ut not resulting in th	e underlying ceuse giv	en in Part i	I. 24a. WAS AN	AUTOPSY 2	4b. WERE AUTOPSY FINDINGS	
<u>ა</u>						PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE	
						1 TYES 2	XNO	OF DEATH?	
=								1 1 1 1 2 2 1 1 1 0	
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: 28. PLACE OF DEATH (Check only one)								
ĭs	M	OSPITAL: Inpatient 2 ER/Outp	etlent 3 DOA 4	HER: Nursing Home 5 - Resid	dence 8 🗆 C	Other (Specify)			
됩	27. MANNER OF DEATN	28b. TIME OF 28c. INJURY AT WORK?			28d. DESCRIBE HOW INJURY OCCURED				
1									
							I Route Number,		
<u>.</u>									
Solutions and the determined building, stc. (Specify) 29e. CERTIFIER (Check only one) 29									
8		In the basis of exemination	n and/or investigation, in	my opinion, death occured	at the time,	date and place, an	due to the cause	e(s) and manner as stated.	
BE	29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) D 2 5 6 3 8								
2									
	S. CHANG, M.D.		ATH (ITÉM 27) (Type, Prin TBURG PLA		TRIID	G, MD	21532		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA		14A, 17NUS	IDUK	u , 11D	C1337		
	5/20/04	Julia	. Als.	relega.	-Rn	1 1	1	/	
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		*							

. A	MAY 17, 1894 3:21			KATHLEEN L. HAAN
	JAN.8,1933 MARYLAND		61	218-30-0061 X
	ALLEGANY	WESTERNPORT	номе	MORAN MANOR NURSING
	Χ	RIDGELEY		WEST VA MINERAL
		26753		ROUTE 2, BOX 95
			Χ	X

BALTIMORE, MARYCAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed with completely filled in by the ruterial director, page 5 may be rutained.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 enough be detached, pruse as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.										
	1. DECEDENT'S NAME (First, Middle, Last) CLARENCE	W.	HEMMIS			MC	ATE OF DEATH DATE OF LAY 20th		PASY	9:38 AM M	
~	4. SOCIAL SECURITY NUMBER 216 18 1764	5. SEX 1 1 M 2 F	6. AGE (In yrs. lest birthd	MONTHS	YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DA	NTE OF BIRTH Jonth, Day, Year)				
	9a. FACILITY NAME (If not inatitution, give a			9b. CITY, 1	OWN OR LOCATION OF D	DEATH	<i>y</i> 10, 1	9c. COUN	TY OF DEA	ATH	
DIRECTOR	Memorial Hospit							AL	LEGA		
JIRE	MD Alle			ory, rown or imberla						IOd. INSIDE CITY LIMITS? X YES 2 NO	
BY FUNERAL (10e. STREET AND NUMBER	REET AND NUMBER W. First Street			10f. ZIP CODE 21502				10g. CITIZEN OF WHAT COUNTRY? USA		
	11. MARITAL STATUS 1 Never Married 2 Married 2 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	T EVER IN U.S. ARMED YES 2 NO RR OR DATES	13. WAS DECENDENT OF HISPANK If yes, specify Cuban, Maxican, 1 YES NO Specify:			n, Puarto Rican, atc.)			- American Indien, White, etc.	
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)					OCCUPATION 16b. KIND OF BUSINESS/INDUSTR'					
OMP	12 17. FATHER'S NAME (First, Middle, Last)		lmachi	Nachinist West			_	inghouse Corp.			
BE C	Joseph Hemmis				Angela			,			
5	190. INFORMANT'S NAME (Type/Print)		1 _		Street and Number or Rura					D 01500	
	20a. METHOD OF DISPOSITION	DATE 200 LOCATION - City of 104									
	X Surial 2 Cremation 3 Ramoval from State cemetery, crematory or other place) 1 Donestion 5 Other (Specify) Day is Memorial Cemetery 5/23/ Cumberland MD										
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Scarpelli Funeral Home Cumberland, Maryland 21502											
	23. PART Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such se cardiac or respiratory errest, shock, or heart feliure. List only one cause on each line.										
	iMMEDIATE CAUSE (Final disease or condition resulting in death)	seese pr condition								Onset and Death	
Z	CIBS										
SATIC	Sequentially list conditions, If any, leeding to immediata cause. Enter UNDERLYING										
CERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in deeth) LAST C. DUE TO (OR AS A CONSEQUENCE OF):										
	PART II. Other significant condition	s contributing to		ng in the und	erlying cause given in	n Pert I	. 24s. WAS AN			VERE AUTOPSY FINDINGS	
MEDICAL				Δ			1 - YES 2 - NO		(COMPLETION OF CAUSE OF DEATH?	
N.	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO							T TES 2 NO			
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:										
PHYSICIAN:	1 YES 2 NO 3- Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 286. DATE OF INJURY 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED										
ВУ	1										
TED	3 Suicida 6 Could not be 4 Homicide determined	6 Could not be detarmined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)						ute Number,			
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYINO PHYSICIAN: To the best of my knowledge, down occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination ender immediate incompanion, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.										
뮒	29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Doy/Year)							Month, Day Year)			
20. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) DR. VIC POONAI 955 FREDERICK ST CUMBERLAND, MARYLAND 21502											
31. DATE FILED (MONTH, Day, Year) 32. REGISTRAR'S SIGNATURE S/23/94 Quelia Ravida Kandalle (LAC)							. /				
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IN OF VITAL RECORDS, P.O. BOX 68760	NG PHYSICIAN: The law requires that the death certificate be executed wi
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ION OF VITAL RECORDS, P.O. BOX 68760	NDING PHYSICIAN: The law requires that the death certificate be executed will
SION OF VITAL RECORDS, P.O. BOX 68760	TENDING PHYSICIAN: The law requires that the death certificate be executed will
IISION OF VITAL RECORDS, P.O. BOX 68760	ATTENDING PHYSICIAN: The law requires that the death certificate be executed will
VISION OF VITAL RECORDS, P.O. BOX 68760	ATTENDING PHYSICIAN: The law requires that the death certificate be executed will
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	DR ATENDING PHYSICIAN: The law requires that the death certificate be executed within mounts after death. Page 5 may be may be made for the honorist on arrending physicial

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a hours after death. Page 6 may be plained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directs, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR
1. DECEDENT'S NAME (F
Minnie
4. SOCIAL SECURITY NU
213-76-4
98. FACILITY NAME (# no
Frostbur RESIDENCE OF D
MD
14506 Uh
11. MARITAL STATUS
1 Never Married 2
3 Widowed 4 🗆 D
15. D (Specify
Elementary/Secondary

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	HEGISTHAR		CERTIFIC	AILO	F DEATH	REG. NO).		
	1. DECEDENT'S NAME (First, Middle, Last)	toward					DAY	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5, S						0 19	94	
				F UNDER 1 YEAR ONTHE DAYS		7. DATE OF BIRTH (Month, Day, Year)		6. BIRTHP Country)	LACE (State or Foreign
	213-76-4423	M 2 X F	YRS.	ONTINE UAT	noons mm.	Mar 23.	1911		Y
	9s. FACILITY NAME (If not institution, give street as	nd number) A O	3	b. CITY, TOW	OR LOCATION OF D			NTY OF DEA	
Œ		37							
6	Frostburg Villag	e Nursin	g Home	Fro	stburg			ATTE	egany
	10a. STATE 10b. COUNTY			TOWN OR LO	CATION			- 1	IOd. INSIDE CITY
Œ	MD Allega	nv	Cum	berla	nd				LIMITS?
₹	10e. STREET AND NUMBER	C E			101. ZIP CODE 2150.	2	10g. CITI	ZEN OF WH	IAT COUNTRY?
6	14506 Uhl Highwa	ly S.E.			2150.	Z	052	-14	
FUNERAL DIRECTOR	11. MARITAL STATUS 12. 1	MAS DECEDENT EVER IN	U.S. ARMED	13. WAS D	ECENDENT OF HISPA	NIC ORIGIN? (Specify Y	a or No	14 BACE	American Indian,
	1 Nover Married 2 Married	ORCES? 1 YES	2 100	If yes,	specify, Cuban, Mexico	an, Puerto Rican, etc.)		Black,	White, etc.
8	3 🙀 Widowed 4 🗌 Divorced	F YES, GIVE WAR OR DA	ites	1 1 4	ES 2 ZANO Specif	y :		Specify	ite
	15. DECEDENT'S EDUCATION		40 - 05050504710 111			and the second	1		
Ľ۱	(Specify only highest grade compl		(Give kind of wor	k done during		16b. KIND OF BI	JSINESS/IND	DUSTRY	
9	Elementary/Secondary (0-12) Col	lege (1-4 or 5+)	life. Do NOT use i	retired.)					
9	12		homema	ker		0	wn ho	ome	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	ME (First, Middle, Maide	n Sumame)		
	Coorgo Caundora				Mahal				
BE	George Saunders 19a. INFORMANT'S NAME (Type/Print)		E-100	CITY THE SAME					
2						Route Number, City or To			
	Robert S Ho	ward	145	506 Uh	<u>l Highway</u>	S.E. Cum	berl	and .	MD 21502
	20a. METHOD OF DISPOSITION 1 X Burial 2 Cremation 3 Removal for		PLACE AND DATE OF			DATE 20c. L	OCATION -	City or Tow	n, Stata
	4 Donation 5 Other (Specify)	D Carrie	AVIS ME	MORIA	L CEM.	5/23/	CUMBE	ALTES	ND. MD
	21. SIGNATURE OF FUNERAL SERVICE LICENSE		. 1					31(1)111	VD, FID
ŀ		10	11	Sca	rpelli	Funeral	Home		
	Uches 7 K	1 cars	11-	Cun	berland	, Maryla	nd :	2150	2
	23. PART Enter the diseases, or compl	ications that caused	the death. Do not	antar the r	noda of dying, aud	h as cardlac or res	oiratory arr	reat.	Approximate
1	ahock, or haart failura. List o	nly ona cause on as	ch ilne.						interval Between
	IMMEDIATE CAUSE (Final disease or condition	D -		4					Onset end Daath
	resulting in death)	KRSPII	RATORY	+A1	LURE				!
		RESPIR OUE TO COP AS A ASPIR DUE TO COP AS A	CONSEQUENCE OF):			•			
z		ASDIR	4TION	PA	RUMON	11/3			
은	Sequentially list conditions, if any, leading to immediate	DUE TO OR AS A	CONSEQUENCE OF):	7					
X	cause. Enter UNDERLYING								
E	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):						1
E	resulting in death) LAST								
CERTIFICATION	d					·			1
	PART II. Other significant conditions cor	tributing to death bu	it not resulting in	the underly	ing cause given in	Part I. 24s. WAS A	N AUTOPSV	24h V	VERE AUTOPSY FINDINGS
8	B D an mie	BRAIN				PERFO	RMED?	1	WAILABLE PRIOR TO
EDICAL	- Cicyavoa	Jakarijo	Sy	NOR	000	1 YE\$	2 NO		OMPLETION OF CAUSE OF DEATH?
M								1	YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			/ 26.	PLACE OF OEATH (CA	eck only one!			
2		SPITAL: Inpetient 2 - ER/Outpu	wines a Dans C	THER:					
žΙ	27. MANNER OF DEATH				ome 5 Residence				
4	1 Neturel 5 Pending	(Month, Day, Year)	28b. TIME (Y I	NJURY AT WORK?	28d. OESCRIBE HOW	INJURY OCC	CURED	
B⊀	2 Accident Investigation			M 1	YES 2 NO				
								ite Number,	
回	4 Homicide determined	building, etc. (Speci	197			City or Town, State)		
COMPLETED	29a. CERTIFIER								1111
릴	(Check only 1 CERTIFYING PHYSICIAN:								
5	2 MEDICAL EXAMINER: On	the basis of axamination	and/or investigation,	in my opinion	death occured at the	lime, data and place, a	nd dus to th	e cause(s) s	and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUI	MBFR	294 DATE	E SIGNED /	Aonth, Day, Year)
BE	SOMA	man	0		1000	20	N	C/-	(1 10
2	TO MANY AND ADDRESS STATES	8	70		1 2 23	0 28		0/-	4192
	30. NAME AND ADDRESS OF PERSON WHO COM		TH (ITEM 27) (Type, Pr	int)	- 4 -		2		1
	Rt 36 FresTE	SURE PL	-A3a -	+ ROS	(BURE,	MD =	214	3 2	J
	31. DATE FILED (Month, Day, Ybar)	32. REGISTRAR'S SIGNA	TURE D A 10						
- 1	MAY 25 1994	police allered	ion Marcall						

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DIVISION OF VITAL RECORDS, P.O. BOX 68760	SECTION ATTENDING PHYSICIAN: The Is
NOISI	ATTENDING
5	DB
	SPITAL

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

		1. DECEDENT'S NAME (First, Middle, Last) WILLIAM	(STICKLEY)		HUTT	rer				2. DATE O	F DEATH	199	YEAR 4	3. TIME OF DEATH 5:20 Pm
11		4. SOCIAL SECURITY NUMBER 219-14-5662	5. SEX 6. AGE	(in yrs. last	birthday)	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS.	7. DATE O (Month, SEPT	F BIRTH		8. BIRTHP	LACE (State or Foreign
2, 3 should	~	9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH										ATH		
1, 2, 3	힕	Memorial Hospital Cumberland Allegany										any		
physician. burial-transit permit. Pages 1,	DIRECTOR	MARYLAND AL	LEGANY			y, town o MBER								10d, INSIDE CITY LIMITS? 1 YES 2 NO
berm	IAL	10e. STREET AND NUMBER					10	01. ZIP COD				10g. CITIZ	EN OF WI	HAT COUNTRY?
an. ransit	FUNERAL	514 COLUMBIA AVE						215	<u> </u>				.S.A.	•
	BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D WW 1 1	2 N		1	yes, s	CENDENT Cuperity Cube		n, Puerto Ri	(Specify Yee can, atc.)	or No-	14. RACE Black, Specify	— American Indian, White, etc. WHITE
attending se as the	ED	15. DECEDENT'S EDUC (Specify only highest grade	ATION	16a. DE	CEDENT'S	USUAL OC	CUPAT	TON nost of working	200	16b.	KIND OF BUS	INESS/IND	JSTRY	
the hospital or att detached for use once.	COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	We.	Do NOT us	se retired.)		ELECT		C SEI	RVICE	TV/I	RADIO	O REPAIR
8 4 E	BE CO	17. FATHER'S NAME (First, Middle, Last) LUTHER LEE HUTT	ER SR.					100000		ME (First, Mi	iddle, Maiden S ART	Surname)		
retained to the 5 should be notified	5	190. INFORMANT'S NAME (Type/Print) ROBERT MCALLIST	ER								r, City or Town			20639
RET IN		20. METHOD OF DISPOSITION 1 Burtel 2 Cremation 3 Remo 4 Donation 5 Other (Specify)	H1			of disposi CEME		vame of Y MAY	26	1994		ERLAI		n, State ARYLAND
ter deam Property of the funeral of		21. SIGNATURE OF FUNERAL SERVICE LIC	Mexit	+	-	ME:	RRI		AMS	FUNE	RAL HO) MAT	RYLAND
ted with hours after completely filled in by the tail, cremation, or removal event, the medical		23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, abock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition reaulting in death) DUE TO (OR AS A CONSEQUENCE OR): Approximate interval Batween Onset and Death Light Court of the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, above the interval Batween Onset and Death Light Court of the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, and contact the caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, and contact the caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, and contact the caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, and contact the caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, and contact the caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, and contact the caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, and contact the caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, and contact the caused												
certificate be execution physician and Hygiene prior to bur other traumatic	CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST												
he death the atter Mental		PART ii. Other algnificent conditions	contributing to deeth i	out not re	esultina	in the un	derivir	na ceuse	alven in	Part I.	24a. WAS AN	ALITOPSY	24b. 1	WERE AUTOPSY FINDINGS
that the did by and h and in in	MEDICAL									_	PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
sh of a		DID TOBACCO USE C	ONTRIBUTE TO	CAUS	E OF	DEAT	ΗΥ	YES 🖂	NO	চব				1 NES 2 NO
SICIAN: The law requestrificate has been the State Dept. of the 23 sho	CIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					26. F	PLACE OF D)			
SIAN: ortifical be Sta	YSICI	1 TYES 2 NO	HOSPITAL: 1 Inpetient 2 - ER/Out	patient 3				me 5 🗆 Re	esidence	6 🗆 Other	(Specify)			
를 돌 돌 호	ву рну	27. MANNER DF DEATH 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)		28b. TIM INJ	M	1 [IJURY AT ORK? YES 2] NO	28d. DESC	NOH BEIRG	JURY OCC	URED	
DR ATTENDING DIRECTOR: After hours after death	8	3 Suicide 8 Could not be 4 Homicide determined	28s. PLACE OF INJURY building, etc. (Spe	Y — At hor	me, farm, s	street, tact	ory, offi	ice			TION (Street a Town, Stele)	nd Number	or Rural Ro	oute Number,
HOSPITAL DR A' FUNERAL DIREC WITHIN 72 hours TANT: If item	COMPLET	one)	CIAN: To the best of my known: 3: On the basis of examination											and menner as attated,
TO THE HOSPITAL TO THE FUNERAL De filed within 72 t	TO BE	29b. MANATURE AND TITLE OF CERTIFIER	M						233°			29d. DATE	SONED (Mofith, Day, Year)
/3	Ĕ	20. NAME AND ADDRESS OF PERSON WHO					nt	Ave	. (Cumb	erlan	nd, N	/ID	21502
		31, DATE FILED (Month, Day, Year) MAY 2 5 1994	32. BEGISTRAR'S SIGN	NATURE										

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

BALTIMORE, MARYLAND 21215-0020	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within fours after death. Page 6 may be retained by the hospital or attending physici
	nours after death. P
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	requires that the death certificate be executed with
DIVISION OF VITAL F	L OR ATTENDING PHYSICIAN: The law i

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the notion of the completely filled in by the fluented for use as the bunial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	REG. NO.

1. DECEDENT'S NAME (First, Middle, La		CERTIF	- CALL	01 1	JEAI		REG. NO	J		
	len Herma	n					2. DATE OF DEATH	DAY 4	YEAR 3	11:15a
4. SOCIAL SECURITY NUMBER 148-18-1259	5. SEX 6	AGE (In yrs. last birthday) '76 YRS.	IF UNDER 1		IF UNDER 2	MIN.	7. DATE OF BIRTH (Month, Day, Year) May 2, 19		Country)	ACE (State or Foreign Jersey
9a. FACILITY NAME (If not institution, gi Edward W. McCready)	Memorial Hospit	al	9b. CITY,		field	OF DE		9c. COUNT		TN
RESIDENCE OF DECEDENT		100 CIT	Y, TOWN OR	LOCATIO	N.					A MAINE NEW
Maryland	Somerset	100. 011	1, 10WN OF		risfi	le1d				LIMITS? VES 2 NO
10a. STREET AND NUMBER 26389 Old State	Road			10f. 2	ZIP CODE	2181	.7	10g. CITIZE	U.S	AT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 IF YES, GIVE WAR	YES 2 ZNO	H	yes, spec		Maxica	IIC ORIGIN? (Specify V n, Puarto Rican, etc.)	es or No- 1	Black, V	- American Indian, White, atc. White
15. DECEDENT'S I (Specify only highest g Elementary/Secondary (0-12) H. S. Graduate	EDUCATION rade completed) College [1-4 or 5+)	10a. DECEDENT'S (Give kind of v life, Do NOT us	vork done du se retired.)	uring most	of working		16b. KIND OF BI		STRY	
17. FATHER'S NAME (First, Middle, Last) Afton Druback		Patien	ic ke		18. MOTNE	er's nai	ME (First, Middle, Maide	pital n Surname)		
19a. INFORMANT'S NAME (Type/Print) Robert Herman (H	lusband)	196. MAJLING 26389	Old S	(Street and	Number o	r Rural F	risfield,	wn, State, Zip C	1817	
IMMEDIATE CAUSE (Final		on each line.	ot antar t	tha mode	e of dyln	g, sucl				Approximate interval Batw
disease or condition resulting in death)	DUE TO JOR	AS A CONSEQUENCE OF		etan	ra	dus	e			
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury			whole		4					
that initiated events resulting in death) LAST	d	AS A CONSEQUENCE OF	rul F	المراة	letion					•
PART II. Other algorificant conditions of the part of		th but not resulting	n the und	dariying	cause gi	ven In		N AUTOPSY DRMED? 2 NO	CI	ERE AUTOPSY FINDR MILABLE PRIOR TO OMPLETION OF CAUS F DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:		CE OF OE	ATN (Che	eck only one)			
1 ☐ YES 2 ☑ NO 27. MANNER OF DEATH	1 Nonpatient 2 ER		4 🗆 Nursi	ing Home	_	Idence	8 Other (Specify)			
1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJI (Month, Day, Y		URY M	28c. INJUI WORI 1 YE	K?	NO	28d. DEŞCRIBE HOW	INJURY OCCU	RED	
3 Suicide 8 Could not determined	building, sec.	WRY — At home, ferm, (Specify)	street, factor	ry, office			281. LOCATION (Streetly or Town, State		Rural Rou	te Number,
enel .	IYSICIAN: To the best of my									nd menner as state
29b. SIGNATURE AND TITLE OF CERT	Nonu mo				29c. LICEN	ISE NUM		29d, DATE : ▶ 5.		Ionth, Day, Year)
Dr. William Gil	who completed cause of 1, Rt. #413	oeatn litem 27) (Type, Crisfiel	Print)	d. 2	1817			F., 17		
	32. REGISTRAR'S									

salvanian in the salvanian in the

Pages 1, 2, 3 should

permit.

use as the burial-transit

director, page 5 should be detached for

been signed by the attending physician and completely filled it. of Health and Mental Hygiene prior to burial, cremation.

this certificate has b with the State Dept.

DIRECTOR: After the hours after death

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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. IT'S NAME (First, Middle, Last) BOY HENRY 20-94 YEAR 2. DATE OF DEATH 4 -3. TIME OF OEATH 500 6010 P 4. SOCIAL SECURITY NUM DATE OF BIRTH F UNDER 1 YEAR | IF UNDER 14 HPS. 8. BIRTHPLACE (State or Foreign Mu z 🗆 maryland 96. CITY, TOWN OR LOCATION OF DEATH

Baltimore 9e. FACILITY NAME (If not ins 9c. COUNTY OF OBATH DIRECTOR Hary UNIVERPITY NA RESIDENCE OF DE 10a. STATE 10b. COUNTY 10c, CITY, TOWN OR LOCATIO 10d. INSIDE CITY LIMITS? Md. Baltimore Baltimore 1 TYES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1540 Carey Street 21217 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No- RACE — American Indien, Black, White, etc. Never Merried 2 Merried If yee, specify Cuben, Mexicen, Puerto Ricen, etc.)

1 YES 2 NO Specify: BY Specify: 3 Widowed 4 Divorced Black ETED | 18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify College (1-4 or 5+) COMPL Infant once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Know REginald BE Marv Α. Henry notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRE (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Bal Dmye 2/227 Α. Mary Henry mD pe 20e. METHOD OF DISPOSITION

1 Burlel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must 4 Donation 5 Other (Specify) in state removal 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Ronald examiner Wade, Dir 22. NAME AND ADDRESS OF FACILITY State Anatomy Board 655W.Baltimore St, Balto, MD21201 medical 23. PART I. Entar the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or heart failure. List only one cause on each line. interval Betwe **IMMEDIATE CAUSE (Final** Onset and Death the disease or condition resulting in death) 6, ratty event, DUE TO (OR AS A CONSEQUENCE OF): 1295 traumatic CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING Cometunt CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated evants resulting in death) LAST 0 PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED? any 1 TYES 2 T NO Shows 1 YES 2 NO 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL OTHER: 1 YES 2 NO 1 ☐ Inpetient 2 ☐ ER/Outpetient 3 ☐ DOA 4 Nursing Home 5 Residence 6 Other (Specify) 0 27. MANNER OF DEATH 28c. INJURY AT WORK? DATE OF INJURY 28b. TIME OF INJURY 28d. DESCRIBE HOW INJURY OCCURED marked. 1 Vetural 2 Accident 5 Pending М 20 1 YES 2 NO ΒY Investigation PLACE OF INJURY - At home, farm, street, factory, office 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28 is COMPLETED 8 Could not be 4 Homicide Rem 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner as stated. = TO THE HOSPITA
TO THE FUNERA
DE filed within 72
IMPORTANT: II ligation, in my opinion, death occured at the time, date end place, end due to the ceuse(e) end BE 31. DATE FILED SHOWN, OW

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATENDING PHYSICIAN: The law requires that the death cartificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this cartificate has been signed by the attending physician and completely filled in by the funeral director, page 3 showflow for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

Pauline Florence Hultsch 1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	HEGISTRAH		CERTIF	ICALE OF	DEATH	REG. NO).	
1 0	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH	DAY	3. TIME OF DEATH
1 6	Pauline	F.			Hultsch		9	94 5:20 p.m.
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE	(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7 DATE OF BUTTI		8. BIRTHPLACE (State or Foreign
19	218-01-3341	1 □ M 2 🔀 F 78	YRS.	MONTHS DAYS	HOURS MIN.	Dec 6, 19	15	Maryland
1	9e. FACILITY NAME (If not institution, give stre		9b. CITY, TOWN	OR LOCATION OF DI			ITY OF DEATH	
E E	Avalon Manor Nurs	nc	На	gerstown			Washington	
DIRECTOR	Avalon Manor Nurs	Jing Home;		IIG	gerscown			Mashington
분	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCA	TION			10d. INSIDE CITY
	Maryland Wash	ington	Hag	gerstown	l			1 YES 2 NO
4	10e. STREET AND NUMBER			10	r. ZIP CODE			ZEN OF WHAT COUNTRY?
FUNERAL	20205 Jefferson B	lvd.			21740		USA	
5		12. WAS DECEDENT EVER FORCES? 1 YES				NIC ORIGIN? (Specify Y	s or No	14. RACE — American Indian, Black, White, etc.
BY F	1 Never Merried 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR I			secity Cuban, Mexica S 2 ☑ NO Specifi	m, Puerto Rican, etc.)		specify: White
								- WILL CC
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of		18a. DECEDENT'S (Give kind of	USUAL OCCUPAT work done during m no retired.)	ON ost of working	16b. KIND OF BI	ISINESS/IND	USTRY
"	Elementary/Secondary (0-12)	College (1-4 or 5+)		·		1		
₹	12		nom	emaker		hor		
8	17. FATHER'S NAME (First, Middle, Last) Otha Charles	Decomplement			and the second second	ME (First, Middle, Maide		
B		Brandenburg			Anna	Elizabetl		errott
2	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	and Number or Rural i	Route Number, City or To		
	Robert E. Hultsch	1	20203	Jerrer	son Blvd.			
	20a. METHOD OF DISPOSITION 1.X. Buriel 2 □ Cremation 3 □ Remov		b. PLACE AND DATE			1		City or Town, State
	4 Donation 5 Other (Specify)		edar Law			,	gersto	own, Maryland
	21. AGNATURE OF FUNERAL SERVICE LICE	NSEE 1	\ <u>)</u>	Cora	NO ADDRESS OF FA	prich 30	5 N I	Potomac Street
	Lecall!	runne	*\		al Home			own, Maryland
	23. PART I. Enter the diseases, or co	mplications that cause	d the deeth. Do i			h as cardiac or resi	iratory em	est, Approximate
	shock, or heart failure. Li	ist only one ceuse on	each line.			and the second second		interval Between
	IMMEDIATE CAUSE (Final disease or condition	<i>(</i> -	erwan	Parce	4.0			Onset and Death
	resulting in death) a.		A CONSEQUENCE O					
1 - 1	_	202 10 (011 112	OUNDERDENCE O					
CERTIFICATION	Sequentially list conditions, b.	DUE TO (OR AS	A CONSEQUENCE OF	F):				
¥	if any, leading to immediate cause. Entar UNDERLYING							İ
E I	CAUSE (Disease or injury that initiated events	DUE TO (DR AS	A CONSEQUENCE O	F):				
듄	resulting in death) LAST							
8	- U.							
14	PART ii. Other significent conditions					Part I. 24s, WAS A	NAUTOPSY	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
EDICAL		alliting A				1 _ YES	-	COMPLETION OF CAUSE OF DEATH?
ME	- Carding a	e Dire	~ Hope	utema				1 YES 2 NO
	Depreme	mem						
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26. P	LACE OF DEATH (Ch	eck only one)		
S		HOSPITAL: 1 Inpatient 2 ER/Out	petient 3 DOA	OTHER:	ne 5 🗆 Residence	6 Other (Specific)		
	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIM	E OF 28c, IN	JURY AT	28d. DESCRIBE HOW	INJURY OCC	TURED
	1 Natural 5 Pending	(Month, Day, Year)	INJ		ORK? YES 2 NO			
BY	2 Accident Investigation 3 Suicide 6 Could not be	28a. PLACE OF INJUR	/ — At home, farm,	street, factory, offi	20	261, LOCATION (Street	end Number	or Rural Route Number,
윤	4 Homicide determined	building, etc. (Spe	clfy)			City or Town, State)	
	29a. CERTIFIER 1 CERTIFYING PHYSICI	ANI, To the best of the land		as a state of the		Name of the second		
COMPLET		AN: To the best of my know						ed. e cause(e) and manner as stated.
8				ni, iii my opimon,				
H	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUM			SIGNED (Month, Day, Ybar)
0		Zath no			D1801	7	7	-3184
[30. NAME AND ADDRESS OF PERSON WHD				C-1 > 1			
		TH, MD		MILL	JT M	LERITON	~ ~	2021240
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGI	IATURE					
	.IIIN 0 1 1004	Tim Sinism-1						

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physician.	e has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be use as the burial-transit p	
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fours after death. Page 6 may be retained by memory or attending physician	detached	
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BALTIMORE, MARKEAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

permit. Pages 1, 2, 3 should TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Thurs after death. Page 6 may be retained by the attending physician and completely filled in by the funeral director, page 5 should be decided within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	1 - STATE REGISTRAR	STATE OF MARYL		ENT OF HEALTH AND	MENTAL HYGIENE REG. NO.					
The second	1. DECEDENT'S NAME (First, Middle, Last) Charles	Henry	HUPF	Je.	2. DATE OF DEATH MONTH AY 29	994 950AM				
	4. SOCIAL SECURITY NUMBER 216-44-4281		In yrs. last birthday) IF U	NDER 1 YEAR IF UNDER 24 HRS. HIS DAYS HOURS MIN.	June 6.1908	8. BIRTHPLACE (State or Foreign Country) Virainia				
TOR	9a. FACILITY NAME (If not institution, give s Fahrney-Keedy Hom RESIDENCE OF DECEDENT		9b.	Boonsboro	DEATH 9c. CO	Nashington				
L DIRECTOR	10a. STATE 10b. COUNT Md. 10a. STREET AND NUMBER	Washington	10c. CITY, TO	BOONS BOTO		10d. INSIDE CITY LIMITS? 1 YES 2 NO				
FUNERAL	6 Blue Ridge Dr.			217		II. S. A				
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	13. WAS DECENDENT OF HISP If yee, specify Cuben, Maxi 1 YES 2 NO Spec		91011				
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use ratir	one during most of working ed.)	16b. KIND OF BUSINESS/II	NDUSTRY				
OME	17. FATHER'S NAME (First, Middle, Last)		Inspec		Weapons NAME (First, Middle, Maiden Surname,					
BE C	Charles H. Huff	Sr.		Ma	ry Fogg					
10 E	Ruby I. Huff				ni Route Number, City or Town, State,	7				
	20a, METHOD OF DISPOSITION	20b.	PLACE AND DATE OF DIS	POSITION (Name of	MSboro, Md. 2178	- City or Town State				
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1									
	· tennis	L. nav	0	Davis Funera		uadbury Ave. vrg.Md. 21783				
CERTIFICATION	23. PART I. Enter the diseasea, or complications that caused the death. Do not enter the mode of dying, auch as cardiac or reapiratory arrest, abook, or heert failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
PHYSICIAN: MEDICAL CE	PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. PERFORMED? 1 YES 2 NO 1									
IAN	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (Check only one)					
YSIC	EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Outpe	etlent 3 DOA 4	HER: Nursing Home 5 - Residence	e 8 ☐ Other (Specify)					
ву РН	27. MANNER OF DEATH 1 Matural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW INJURY C	CCURED				
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, atc. (Speci	— At home, farm, street,	factory, office	281. LOCATION (Street and Numb City or Town, State)	per or Rural Route Number,				
COMPLETED					ue to the cause(a) and manner as s	tated. the cause(a) and manner as stated.				
96	29b. SIGNATURE AND TITLE OF CERTIFIE	Dott MD		29c. LICENSE N		ATE SIGNED (Month, Day, Year)				
10	30. NAME AND ADDRESS OF PERSON WH									
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA	ATURE							

Charles Heavy HILL ID MAY 2919010

FOR

John Francis Hickey

	1 - STATE REGISTRAR	SIAIE UF	MARTLAND / CE		ICATE					IYGIEN REG. NO	_		
	1. DECEDENT'S NAME (First, Middle,	Last)	1	/ /	,				2. DATE OF	DEATH			3. TIME OF DEATH
	John		Н	Hick	(ey				JUNE	D		YEAR	1342 M
1	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (in yrs. les	t birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF	BIRTH			HPLACE (State or Foreign
	214-09-8581	1 🕅 M 2 🗆 F	87	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, De	y, Year)	1006	Coun	fry)
	9a. FACILITY NAME (If not institution,	give street and number)		-	ah CITY	, TOWN O	D LOCATI	ON OF DE	Dec.	10,	1906	NTY OF I	rmont
Œ			1						EAIN				
15	Washington Co	unity nocpin	Lar		П	lager	SLOW	/11			was	hing	con
<u> </u>		YTAUC		10c. CIT	Y, TOWN C	OR LOCATI	ON						10d. INSIDE CITY
DIRECTOR	Maryland W	ashington			Hag	erst	own						LIMITS?
	10e. STREET AND NUMBER	8					ZIP COD	E			10g CIT	IZEN OF	WHAT COUNTRY?
8	1104 Beechwood	Drive				2	21742)				SA	
FUNERAL	11, MARITAL STATUS		NT EVER IN U.S. AR	MED	12				VIC ORIGIN? (S	anath. Was		_	E - American Indian,
	1 Never Married 2 Married	FORCES?	1 YES 2 X	10		If yea, spe	cify Cuba	n, Maxica	n, Puarto Rica	n, atc.)	or No —	Blac	ck, White, atc.
BY	3 🔀 Widowed 4 🗌 Divorced	IF YES, GIVE	WAR OR DATES			1 TYES	2 X NO	Specify	γ.			Spec	White
8	15. DECEDENT'S		16a. DE	CEDENT'S	USUAL O	CCUPATIO	N		16b. KIN	ID OF BU	SINESS/IN	DUSTRY	WILLOC
H	(Specify only highest Elementary/Secondary (0-12)	grade completed) College (1-4 or 5	(Gi	ive kind of Do NOT u	work done	during mos	t of working	ng					
집	Committee y Good Control (G-12)	4		lanag	er				Who	lesa	ale A	ppli	.ance
COMPL	17. FATHER'S NAME (First, Middle, Lat	st)			,		18. MOTI	HER'S NA	ME (First, Midd			ррии	.anoc
Ш	Charles Hicke	V							Rive		,		
00	19a. INFORMANT'S NAME (Type/Print)		191	h MAILING	ADDRESS	S (Street or			Route Number, (on Chate 7	n Codel	
일	Donna R. Hove				eech								and 21742
1	20a. METHOD OF DISPOSITION		20b. PLACE					. V C	DATE		CATION -		
	1 Donation 5 Other (Specify)		Smiths										Maryland
	2. SIGNATURE OF FUNERAL SERVI		Oniterio	SUULE		_		SS OF FA					
	Ch who	, ()		Ğe	rald	N.	Minr	nich				nac Street
- 8	Stilled 1, 0	runed	1		Fu	mera	1 Hc	me		Hage	ersto	wn,	Maryland
	23. PART I. Enter the diseases	, or complications th	et ceueed the de	ath. Do	not enter	the mod	le of dy	ng, suc	h es cerdiec	or reepi	retory ar	reet,	Approximate
	iMMEDIATE CAUSE (Finel	lure. List only one ca						. ,	0				Interval Batween Onset and Death
	diseese or condition resulting in death)	EXCA	Manine	tion	- f1	472h	4	Gu	· 15	leed	win		1
	disease or condition resulting in death) o. Excongrunation from Coonic Cleeding. Due to (ORIES A CONSCOUENCE OF): Quein unbryun												
z		C b.	,		a	un	Con	ww	un				
CERTIFICATION	Sequentially liet conditions, if any, leading to immediate	DUE TO	OR AS A CONSEC	DUENCE O	F):							-	
8	cause. Enter UNDERLYING CAUSE (Disease or Injury	C											
틸	that initiated events	DUE TO	OR AS A CONSEC	DUENCE O	F):								
E	resulting in death) LAST	d											
디디	PART II. Other significant con-	ditions contribution to	a death but not o	esultion.	in the co	derbies	*****	aliana da	Dest I Tree		AUTOPSY	1	
8		011	Y		long		cause (1		PERFOR		100	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
0	Myrig	- Oun	uggene	fre	prog	cva	M	du	1041	YES 2	(NO		COMPLETION OF CAUSE OF DEATH?
ME ME	Never	1 /11	the B	hono	huse	1911	6			,			1 TYES 2 NO
ž		1 200		94.4	1								
PHYSICIAN	25. WAS CASE REFERRED TO MEDIC EXAMINERS	HOSPITAL:			/		ACE OF D	EATH /C/H	eck only one!				
İŝ	1 SLHES 2 NO		☐ ER/Outpatient 3	□ DOA	4 Nun		5 C 84	eldence	8 COther (%)	pecify)			
[]	27. MANNER OF DEATH	28e, DATE O /Morth.	F INJURY Day, Year).	28b. TIN	E OF	28c INJU			26d. DESCRI	BE HOW I	MJUITY DO	CURED	
Β¥	1 Natural 5 Pending 2 Accident Investige	25			м		ES 2 .	NO					
ED B	3 Suicide 6 Could no	ot be 28e. PLACE :	OF INJURY — At ho , etc. (Specify)	me, farm,	street, fact	tory, affice						r or Florei	Route Number,
ETE	4 Homicide determin	ed	and Indianally						Cay ar a	sem, State)			111111111111111111111111111111111111111
빌	29a. CERTIFIER 1 4 CERTIFYING	PHYSICIAN: To the beat of	f my knowladge, de	ath occurr	ed at the t	Ime data	and place	and due	to the cause/s	a) and mar	nner ee ete	ted	
OMPLE		AMINER: On the beals of											a) and manner as stated.
ပြ	29b. SIGNATURE AND TITLE OF CER												
B	P. I AR	10					Zac. rici	O U	200		29d. DA1	C/2	D /Month, Only, Year)
ဥ	30. NAME AND ADDRESS OF PERSO	WHO COMPLETED ST	ISE OF DEATH #===	H OT CT	. Date:		W	07	7 6		6	2/2/	199
	DO TO PERSO	WIND COMPLETED CAL	ILL CO	11 /		1.	10		660	X		/ ·	60
	I went k	NO. 10	1727		mac	C/41	P.	/	royer	2005	DWI	1	
	JUN 0 6 1994	32, 9591\$18	ACK OF STUBER	~				,	1				

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with now ster death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be described for use as the burne-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remonal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notitied at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

DHMH-16 Rev 1/89

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3. TIME OF DEATH

DHMH-18 Rev 1/89

1. DECEDENT'S NAME (First, Middle, Last)

DIVISION OF VITAL RECORDS, P.O. BOX 68760

2. DATE OF OEATH MONTH MAY 22, 1 **GUY** C. KLINE 1994 :15 A.M. 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 214-07-4499 1 M 2 F HOURS YRS. WV permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 32 OAK STREET **CUMBERLAND** ALLEGANY RESIDENCE OF DECEDENT 10b. COUNTY 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD Allegany Cumberland TY YES 2 | NO FUNERAL 10a. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 32 Oak Street 21502 be detached for use as the bunk-transit USA may be attained by the hospital or attending physician or, page 5 should be detached for use as the bunal-train 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES X 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. 1 Never Married 2 X Married If yes, specify Cuben, Maxican, Puerto Rican, atc.) 1 YES 2 NO Specify: BY Specify: 3 Widowed 4 Divorced white COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5 +) photographer Tire Co 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Malden Surname) Guy C. Kline, Lula Grace Dyche BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AODRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mary Kline 32 Oak Street Cumberland MD 21502 be 20a. METHOD OF DISPOSITION
1 Burial 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION -- City or Town, Stata must b OATE funeral director. Sunset Memorial Park 5/25/ 4 Donation 5 Other (Specify) Cumberland MD examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Scarpelli Funeral Home Cumberland, Maryland medical 23. PART I. Enter the diseases, or complications that odused the desth. Do not enter the mode of dying, such as cardiac or respiratory arrest, n and completely filled in by to bund, cremation, or remo Approximate shock, or hasrt failurs. List only one cause on each line interval Between IMMEDIATE CAUSE (Final **Onset and Death** disease or condition resulting in death) Rate MI event. HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with FUNERAL OIRECTOR: After this certificate has been signed by the attending physician and complete within 72 hours after death with the State Dept. of Heatth and Mental Hygiene prior to burial, crem DUE TO (OR AS A CONSEQUENCE OF): CAD traumatic CERTIFICATION Seguantistiy list conditions. DUE TO (OR AS A CONSEQUENCE OF): if sny, isading to immediats cause Enter UNDERLYING CAUSE (Disease or injury other OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 10 PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE any 1 | YES 2 | HO OF DEATH? Shows 1 YES 2 NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: 1 YES 2 NO OTHER: 1 Inpetient 2 ER/Outpetient 3 DOA 8 Other (Specify) 6 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, 1- Natural 5 Pending Investigation м 1 YES 2 NO BY 2 Accident 26s. PLACE OF INJURY — At home, ferm, street, factory, office building, atc. (Specify) 3 Sulcide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28 is COMPLETED 6 Could not be 4 🗌 Homicide Hem 29a. CERTIFIER

1 [CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. FUNERAL (Ξ 2 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and manner as stated. TO THE HOSPITA
TO THE FUNERA
be filed within 72
IMPORTANT: II 29b. SIGNATURE AND THE OF CERTIFIER 29c, LICENSE NUMBER 29d. DATE SIGNED (Month, Day) 8 Cen 30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) DR. CURTIS MERRICK, M.D.; 500 MEMORIAL AVENUE; CUMBERLAND, 31. DATE FILEO (Month, Day, Year) 32. REGISTRAR'S SIGNATURE 25 1994 tele Shurder Rardall

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

DHMH-18 Rev 1/89

1 - FOR STATE REGISTRAR

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	;	1. DECEDENT'S NAME (First										2. DATE	OF DEATN	DAY	YEAR	3. TIME OF DEATN
	ŀ	MELVIN 4. SOCIAL SECURITY NUM	CHARI	1	LER	SR.						5	7	7 4	7	6474. m
				5. SEX	6. AGE (in yrs. last b	MOI	UNDER 1	YEAR DAYS	IF UNDER	24 HRS.	7. DATE (Mont	OF BIRTH h, Day, Year)		8. BIRTNI Country	PLACE (State or Foreign
-1		220-10-468		Y		3	YRS.						20,	1920		(D
8	5	9s. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH										9c. COUNTY OF DEATN ALLEGANY				
ECTOR	3	RESIDENCE OF DE	10b. COUNT	Υ			10c. CITY, TO	OWN OF	LOCAT	TION						10d, INSIDE CITY
8		MD	120 1152	egany			Cumb									LIMITS?
	- 10	10e. STREET AND NUMBER		J 2						. ZIP COD	E			10g, CITI	ZEN OF W	HAT COUNTRY?
UNERAL		422 South	Ceda	ar Stree	et					21	L502	?		USA	1	
100	- 1	11. MARITAL STATUS 1 Never Married 2	Merried	12. WAS DECEDED FORCES?	T EVER IN	U.S. ARME	EO	10	yes, sp	ecify Cube	n, Mexica	in, Puerto	17 (Specify Y Rican, etc.)	es or No		- American Indien, White, etc.
&	- 11	3 Widowed 4 Div		WW]		ATES		1	YES	2 X NO	Specify	y:			Specify	ite
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		Elementary/Secondary		College (1-4 or 5	+)	life. D	NOT use re	tired.)	any mo	ISE OF WORKI	w					
Once.		_12		<u> </u>		mac	hini	st	he					ailro	ad	
at once	3	17. FATHER'S NAME (First,	Middle, Last)							18. MOTI	NER'S NA	ME (First,	Middle, Maide	on Surneme)		
BE	1	William (ler		-								rsey)		
TO B	2	196. INFORMANT'S NAME	type/Print)			196. 1								own, State, Zip	,	
		20a. METHOD OF DISPOSI	E	Keller		21.405.44					r St					MD 21502
must be	i	1 Burial 2 Cremati	on 3 🗆 Rem	noval from State	cem	etery, crema	DOATEOFD story or other	place)				OAT		OCATION -		71,4444
		21. SIGNATURE OF FUNER		CENSEE	LS	unset	Memo					5/2	5/LC	umber	land	MD
examiner	1	Scarpelli Funeral Home														
	4	Cumberland, Maryland 21502														
medical		shock, or l	heart fallure.	List only one cer	uae on ea	tha dast ach line.	h. Do not	enter t	ha mo	da of dy	ing, suc	h as can	diac or ree	piratory an	rest,	Approximata intarval Between
the		IMMEDIATE CAUSE (Fi	inel	10101	119	Solf	inf1	ict	ad (oun ch	ot r	70112	l hor	a d		Onset and Death
event,	I	disease or condition a. SUICIA-C Self inflicted gunshot wound, head our To (OR AS A CONSEQUENCE OF):								Imply 1975						
	.	OUE TO (OR AS A CONSEQUENCE OF): - dedte 5510h off+01 31/+5									311+5					
CATION		Sequentielly list condi		-		CONSEOU	ENCE OF):									1 7 7
		cause. Enter UNDERLY	ING	c												
RTIF		that initiated events resulting in death) LA		DUE TO	(OR AS A	CONSEOU	ENCE OF):									
- П	ı	resulting in deathly Ex		d												
5 -	- 11	PART II. Other algnific	ent condition	ne contributing to	death b	ut not res					given in	Part I.		IN AUTOPSY	24b.	WERE AUTOPSY FINDINGS
MEDICAL		Jutst e	al d	rums	WHIC	NO	aggt.	ava	419	h	7		PERFO	ORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
		mygota	15101				75						1 1 123	- 400		OF DEATH? 1 YES 2 NO
2	- 111										,	_				
SICIAN		25. WAS CASE REFERRED EXAMINER?	TO MEDICAL							ACE OF 9	EATH (Ch	eck only or	10)			
YSICIAN		1 YES 2 NO		HOSPITAL:	☐ ER/Outp	etlent 3 🗆		THER:		5 TR	sidence	6 🗆 Othe	r (Specify)			
E G			Pending Investigation	28a. OATE OF	1NJURY 20 7094		6:00]		86c. INJ WO	URY AT PRK7 YES 2	Z'NO	self	infl	icted	gun	shot wund
ls mar		2 Sucident 3 Suicide 8	Could not be	28e. PLACE (OF INJURY	— At home	o, farm, atree	t, fector	ry, offic	•		28f. LOC	ATION (Stree	t end Number	or Rural Ro	oute Number,
뭐		4 Homicide	determined	resi.	lence	5""							or Town, Stat		t Cu	mb Md 21502
P. Fell		29e. CERTIFIER 1 CERT	TIFYING PNYS	ICIAN: To the best o	f my knowl	ledge, death	n occurred a	the tim	ne, date	end place	, end due					
= =																end menner es stated.
# I W		29b. SIGNATURE AND TITL	E OF CERTIFIE	R .						29c. LICI	ENSE NU	MBER		29d. CAT	E SIGNED	(Month, Day, Year)
5 5 E		10 mul 1	and							po	97	3)		1 ×	00	194
٦		DUNA L	F PERSON W	O COMPLETEO CAU	SE OF OE	ATH (ITEM :	(Type, Prir	7	BO	Y 8	28	` <	umb,	M	1. 2	21502
		31. DATE FILEO (Month, Day	2 5 199	32. REGISTRA		ATURE POR	dall						- /	,,,,,,		
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

28 7139

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with popular after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTHMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	REGISTRAR			C	ERTIF	ICATE OF	DEATH	RI	EG. NO.		
	1. DECEOENT'S NAME (First, M	Aiddle, Last)						2. DATE OF O	DEATH		3. TIME OF DEATH
	GEORGIA L	AVERNI	E KER	SHNER				монтн 5	27 DAY	1994	7:55 P M
	4. SOCIAL SECURITY NUMBER	R 5		. AGE (In yrs. I	est birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF B			HPLACE (State or Foreign
	220-10-7093	,	□ M 2 □ F		YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day	(Vear)	Cour	itry)
	90. FACILITY NAME (If not instit			_79	2 (2.71)			Apr 4			MD
or l				_			OR LOCATION OF DE	ATH	90	c. COUNTY OF	DEATH
0	MEMORIAL HOS		MEDICA	L CENT	ER	CUMBERI	AND		A)	LLEGAN	Z
្ត	RESIDENCE OF DECE	IDENT			L toe CIT	Y, TOWN OR LOCA	FION				
DIRECTOR		Minera	. 1								10d. INSIDE CITY LIMITS?
		THEL			FOT	t Ashb					1 YES ZY NO
₹ I	10e. STREET AND NUMBER					10	r. ZIP CODE				WHAT COUNTRY?
FUNERAL	H.C. 86 Box	x 14A					26719		טן	SA	
5	11. MARITAL STATUS		2. WAS DECEDENT	EVER IN U.S. A	RMED		ENDENT OF HISPAN			No 14, RAC	CE — American Indian, ck, White, etc.
	1 Never Merried 2 M		FORCES? 1 [R OR DATESX	JNO		ecity Cuben, Mexice		, atc.)		ck, White, etc. cify:
B	3 Widowed 4 Divorce	ed					24				ite
COMPLETED	15. DECED	DENT'S EDUCAT	TION STREET	16a. D	ECEDENT'S	USUAL OCCUPATI	ON	18b. KINI	OF BUSINE	SS/INDUSTRY	
ᇤ	Elementary/Secondary (0-12		College (1-4 or 5 +)		te. Do NOT us	vork done dunng m e retired.)	ost or working				
립	12										
S	17. FATHER'S NAME (First, Midd	dle, Last)		LOW	ner		18. MOTHER'S NA	MF (First Middle	Haiden Surr		
8	Dory I. Har 190. INFORMANT'S NAME (Type	an o/Brint)				1000000	lCaroli				
입	130. IN OTHER TO THE TOP	or mu		- 1	ISO. MAILING	ADDRESS (Street	and Number or Rural	Houte Number, Ci	ity or lown, Si	tete, Zip Code)	
	Sandra		sloy				by WV				
	20a. METHOD OF DISPOSITION	3 Remove	il from Stale		rematory or o	OF DISPOSITION (N	arne of	DATE	20c. LOCAT	ION — City or 1	Town, State
	Donetion 5 Other (S						netery ND ADDRESS OF FA	5/30/	Cumb	erland	MD
	21. SIGNATURE OF FUNERAL	SERVICE LICEN	SEE	1	,						
		71	Mari	21/	1 -	1 .	pelli F				_
	23. PART I Enter the dise	271	an an	gw		Cumb	rland.	Mary	land	2150	
	ahock, or has	ert fallure. Lia	it only ona caus	on aach lir	main, do r na.	iot antar tha m	da or dying, suc	n as cardiac	or reapirate	ory arrest,	Approximata Interval Batween
1	IMMEDIATE CAUSE (Final										Onset and Daath
	disease or condition resulting in death)	a.	A	CUTG	CER	EBROVA	ECULAR ,	accide	ENT		
z		Б.	R	PAIN	57	EM	INTAR	CT			
CERTIFICATION	Sequantially list condition if any, leading to immedia		DUE TO	AS A CONS	EOUENCE OF	7:					
2	cause, Entar UNDERLYING CAUSE (Disease or Injury			ATH	Ch05	CIERO	213				
트	that initiated evanta		DUE TO (R AS A CONS	EOUENCE OF	7):	*				
E	resulting in death) LAST	d.		100	16E-						
	DART II Other elections										
DICAL	PART II. Other algolificant	conditiona	contributing to d	aath but not	rasulting	in the underlying	g cauaa given in	Part 1. 24a.	. WAS AN AUT PERFORMED		b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
8								1 [YES 2 F	NO	COMPLETION OF CAUSE DF DEATH?
ME											1 TYES 2 THO
	DID TOBACCO	USE CC	NTRIBUTE	TO CAU	ISE OF	DEATH Y	ES I NO	R			
PHYSICIAN	25. WAS CASE REFERRED TO			10 0/10	0 01		LACE OF DEATH (Ch				
<u> </u>	EXAMINER?		IOSPITAL:			OTHER:			-1.5		
148	27. MANNER OF DEATH		Inpetient 2 -	· · · · · ·			ne 5 Residence				
ā	1 Natural 5 Pe	ndina	28a. DATE OF II (Month, Day		28b. TIM	URY W	JURY AT DRK?	28d. DEŞCRIB	BE HOW INJU	RY OCCURED	
		vestigation					YES 2 NO				
	2 Accident Inv		28e. PLACE OF	INJURY — AI I c. (Specify)	nome, farm,	street, factory, offi	•	281. LOCATION City or Tox	N (Street end i	Number or Rural	Route Number,
ВУ	3 Suicide 8 Co	ould not be	ounding, e								
ED BY	3 Suicide 8 Co	ould not be termined	ounding, e					•			
ED BY	3 Suicide 8 Co	termined		y knowledge, o	daath occurr	ed at the time, dat	end place, and due	to the cause(s)	and manner	as stated.	
ED BY	3 Suicide 8 Co 4 Homicide dar 29a. CERTIFIER (Check only	YING PHYSICIA	N: To the best of n		1		end place, and dua				(a) and manner as stated
COMPLETED BY	3 Suicide 4 Homicide 29a. CERTIFIER (Check only one) 2 MEDICA	YING PHYSICIA	N: To the best of n		1		death occured at the	time, date end	place, and du	ue to the ceuse	(a) and menner ee stated,
COMPLETED BY	3 Suicide 8 Co 4 Homicide dar 29a. CERTIFIER (Check only	YING PHYSICIA	N: To the best of n		1		Seath occured at the 29c. LICENSE NUI	time, date end	place, and du	ue to the ceuse	D (Month, Day, Year)
BE COMPLETED BY	3 Suicide 4 Homicide 8 Cc 4 Homicide dar 29a. CERTIFIER (Check only one) 2 MEDICJ 29b. SIGNATURE AND TITLE O	YING PHYSICIA AL EXAMINER:	IN: To the best of n	mination and/o	r investigatio	n, in my opinion,	death occured at the	time, date end	place, and du	ue to the ceuse	
COMPLETED BY	3 Suicide 4 Homicide 29a. CERTIFIER (Check only one) 2 MEDICA	YING PHYSICIA AL EXAMINER:	IN: To the best of n	mination and/o	r investigatio	n, in my opinion,	Seath occured at the 29c. LICENSE NUI	time, date end	place, and du	ue to the ceuse	D (Month, Day, Year)
BE COMPLETED BY	3 Suicide 8 Cc 4 Homicide 8 Centrifier (Check only one) 2 MEDICA 296. SIGNATURE AND TITLE O 30. NAME AND ADDRESS OF P	TYING PHYSICIA AL EXAMINER: OF CERTIFIER PERSON WHO CO M. D.,	IN: To the best of n	OF DEATH (IT	EM 27) (Type	n, In my opinion, Print)	29c. LICENSE NUI D 23334	time, date end	place, and du	ue to the ceuse	D (Month, Day, Year)
BE COMPLETED BY	3 Suicide 4 Homicide 8 Cc 4 Homicide dar 29a. CERTIFIER (Check only one) 2 MEDICJ 29b. SIGNATURE AND TITLE O	TYING PHYSICIA AL EXAMINER: OF CERTIFIER PERSON WHO CO M. D.,	IN: To the best of n	OF DEATH (IT	EM 27) (Type	n, In my opinion, Print)	29c. LICENSE NUI D 23334	time, date end	place, and du	ue to the ceuse	D (Month, Day, Year)

U.C. 1.

1994

3. TIME OF DEATH

1410

10d. INSIDE CITY LIMITS?

14. RACE — American Indian, Black, White, etc.

1 YES 2 X NO

Interval Between Onset end Deeth

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

1 YES 2 NO

1 YES 2 NO

8. BIRTHPLACE (State or Foreign Country)

Maryland

USA

white

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mending physician.

DIRECTOR

FUNERAL

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BALTIMORE, MARYLAND 21215-0020 let death. Page 6 may be retained by man and mending physici after death. Page 6 may be retained by OURS OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with been signed by the attending it, of Health and Mental Hygis has be Dept. After this certificate hadeath with the State D amarked, or Item After TO THE HOSPITAL OR ATTENDIT TO THE FUNERAL DIRECTOR: At be filed within 72 hours after de IMPORTANT: If Item 28 is i

PHYSICIAN: MEDICAL CERTIFICATION

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DIVISION OF VITAL RECORDS, P.O. BOX 68760.

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH Ethel Gertrude KEPLINGER JUNE 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER I YEAR IF UNDER 24 HRS 7. DATE OF BIRTH (Month, Day, Year MONTHS DAYS HOURS 1 M 2 F 219-20-2787 YRS. May 11,1906 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF OEATH 9c. COUNTY OF DEATH Washington County Hospital Hagerstown Washington RESIDENCE OF DECEDENT 10a STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION West Virginia Falling Waters Berkeley 10e. STREET AND NUMBER 10g, CITIZEN OF WHAT COUNTRY? 1207 Meadow Road 25419 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 XNO IF YES, GIVE WAR OR DATES 11 MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yaa or No—II yee, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 X NO Specify: 1 Never Married 2 Married 3 K Widowed 4 Divorced 15. OECEDENT'S EOUCATION 18a. DECEOENT'S USUAL OCCUPATION 16b, KIND OF BUSINESS/INOUSTRY (Specify only highest grade (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 8 presser laundry 0 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Oliver Denton Edwards Elva Maude Miner 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Lester Hamby 14811 Cearfoss Pike, Hagerstown, Md. 21740 20a. METHOD OF DISPOSITION
1 X Burlai 2 ☐ Cremation 3 ☐ Ramoval Irom State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE Broadfording Church Cem. 6-7-94 Hagerstown, Maryland 4 ☐ Donation 5 ☐ Other (Specify) _ 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY MINNICH FUNERAL HOME Cod miles E. Wilson Blvd., Hagerstown, Md. 21740 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory strest, shock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Finel diseese or condition yocardia resulting in death) Sequentially list conditione, If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events DUE TO (OR AS A CONSEQUENCE OF) resulting in death) LAST PART II. Other algorificent conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED?

DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO [25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER 1 YES 2 NO atlant 2 - ER/Outpatient 3 - DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNEB-OF DEATH 26a. DATE OF INJURY 26b. TIME OF INJURY 28c. INJURY AT 26d. DESCRIBE HOW INJURY OCCURED Netural 1 YES 2 NO Investigation 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be 4 | Homicid datarmined

29a. CERTIFIER To the best of my knowledge, dasth occurred at the time, data and place, and due to the cause(a) and manner as stated. restigation, in my opinion, death occured at the time.

29c. LICENSE NUMBER 29d. DATE SIGNED (Month.

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BALTIMORE, MARYEAND 21215-0020	L OR AITENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be returned to respitation attending physicis	
TIMORE,	h. Page 6 may be	
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	e executed within 24	
S, P.O. BO	death certificate b	
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I OF VITAL	, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed	
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TO BE COMPLETED BY FUNERAL DIRECTOR	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
al examiner must be notified at once.	IMPORTANT: It Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should oval.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
tel beauti, rage o fridy be remine an expital of attending physician.	TO THE HOSTING OF A LINDING THE DAY OF THE DAY IN THE DAY OF THE D

296. SIGNATURE AND TITLE OF CERTIFIER

Gregorio, Belloso

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30 HAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

4421 BEECHWOOD 32. REDSTRAR'S SIGNATURE
Juli Danden Renderle

										9	4	1/1	92
FOR STATE REGISTRAR	STATE OF I	MARYLAND C	DEPART					MENTA	L HYGIEN				
1. DECEDENT'S NAME (First, Middle, Last)									OF DEATH		1000	3. TIME O	F DEATN
DOROTHY	Eliza	abeth	LE	E				May		21	1994	6	:15 A M
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. le		ONTHS D	YEAR DAYS	IF UNDER	24 HRS.		OF BIRTN		8. BIRTH Count	PLACE (Sta	ite or Foreign
218 20 6702	1 🗆 M 2 📈 F	94	YRS.	ONTHS	DAYS	HOURS	MIN.		e 26,	1899			yvania
96. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATN													
Berlin Nursing Home Berlin Worcester													
10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY								DE CITY					
Md Worcester Ocean City LIMITS? 17€ YES 2 □ NO													
10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY?													
12822 Pintail Dri	ve				2	1842	2			U	SA		
11. MARITAL STATUS		T EVER IN U.S. AF							17 (Specify Ye	s or No-	14. RACI	E — America k, Whits, sto	en Indian,
1 Never Merried 2 Merried ST. Wildowed 4 Divorced FORCES? 1 YES 2 NO If yes, specify Cuben, Mexican, Puerto Rican, etc.) If yes, specify: Black, Whits, etc. Specify: White													
15. DECEDENT'S EDU- (Specify only highest grade		(0	CEDENT'S US	k done dur			ng	16b	KIND OF BU	SINESS/IN	DUSTRY		
Elementary/Secondary (0-12)	College (1-4 or 5	+)	Cessio						nusem	om t			
17. FATHER'S NAME (First, Middle, Last)		COI	icessic	лап	<u>e</u>	18 MOT	HED'S NA						
17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Peter Mathias Diehl Mary Elizabeth Reitzel													
19s. INFORMANT'S NAME (Type/Print)		19	b. MAILING A	DDRESS (S	Street ar							-	
Betty Wilkins			12822	Pinta	ail	Driv	/e,	Ocea	n City	, Mo	d. 2	21842	
20a. METHOD OF DISPOSITION	20s. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State												
4 Donation 5 Other (Specify) Evergreen 5/23/94 Berlin, Md.													
22. NAME AND ADDRESS OF FACILITY Burbage Funeral Home, 108 Williams Street													
	war			Re	rlir	M	d	2181	1			iaiiis	Street
23. Point i. Enter the diseases, or of shock, or heart failure.	omplications the	t coused the de	eth. Do not	enter th	e mod	e of dy	ng, suc	h as cere	liac or resp	iratory ar	rest,		roximata
				0.	~								rval Between et and Death
disease or condition resulting in death)	art	errosc	lero	he	Ca	rdi	ava	recel	Per I	esea	u	5	· Upes .
	art Gen	(OR AS A CONSE	OUENCE OF):	0				1	-				
Sequentially list conditions,	DUETO	CORAS A CONSE	CALLE OF	a	the	ere	9-2 C	Re	cosc	2		5	yrs.
if any, leading to immediate cause. Enter UNDERLYING		(on no n const	ocitor of j.									İ	
CAUSE (Disease or Injury that initiated events	DUE TO	(OR AS A CONSE	DUENCE OF):									1	
resulting in death) LAST	d												
PART II. Other significent condition	a contributing to	death but not i	resulting in	the unde	rlying	COURS (ulven in	Part I	24s, WAS AN	ALITOREV		WERE AUT	DPSY FINDINGS
Successit		raitu		Po	19	- /1	الله العالم	rait i.	PERFO	RMED?	240	AVAILABLE	
1		2-000		100				<u> </u>	1 TYES	NO M		OF DEATH?	
								- [1 TYES	2 🔼 NO
25. WAS CASE REFERRED TO MEDICAL					28. PL/	CE OF D	EATH (Ch	eck only on	e)				
EXAMINER?	HOSPITAL:	ER/Outpatient 3		THER:	g Home	5 🗆 Re	sidence	8 🗆 Other	(Specify)				
27. MANNER OF DEATH 1 X Natural 5 Pending	28s. DATE OF (Month, D		28b. TIME (OF 28	c. INJU	RY AT			CRIBE NOW	INJURY OC	CURED		
2 Accident Investigation 3 Suicide 8 Could not be	26a. PLACE C building,	F INJURY — At ho atc. (Specify)	me, term, atre			ES 2	_ NO		ATION (Street or Town, State		r or Rural F	loute Numbe	v;
4 Nomicide datermined								<i>,</i>	, orato				
29a. CERTIFIER (Check only one) 1 CERTIFYING PNYSH		my knowledge, de	ath occurred	at the time	, data s	ind placs	, and due	to the csu	se(s) and ms	nner sa sta	ted.		

29c. LICENSE NUMBER
D 29505

PLACE, CRISFIELD, MD 21817

29d. DATE SIGNED (Month, Day, Year) 5-25-94

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Jours after death. Page 6 may become the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 after death. Page 6 ma. Permit in the hospital or attending physician.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MEN	NTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO

	FOR STATE REGISTRAR	STATE OF MARYL	ND / DEPARTN CERTIFIC	NENT OF H	EALTH AND I	MENTAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH 3. TIME OF DEATH				
	HAROLD LINDBE	RG	RG LEE				May 12, 1994 7:00 A.			
	4. SOCIAL SECURITY NUMBER			UNDER 1 YEAR	IF UNDER 24 HRS.	7 DATE OF BURTN	1 8 8	IRTHPLACE (State or Foreign		
FUNERAL DIRECTOR	213-22-3716 9a. FACILITY NAME (If not institution, give str	1 X M 2 F	66 YRS.		R LOCATION OF DE	June 22,	1927 V	Vest Virginia		
	Memorial Hospital	·	rland	Allegany						
	10e. STATE 10b. COUNTY							10d. INSIDE CITY LIMITS?		
	West Va Mine	eral	Ft	. Ashl			1 N YES 2 NO			
	100. STREET AND NUMBER ROUTE 28	101	26719		U.S	OF WHAT COUNTRY?				
5	11. MARITAL STATUS	12. WAS DECEOENT EVER IN	U.S. ARMED			HISPANIC ORIGIN? (Specify Yes or No. 14. RACE - American Indi				
ВУ Е	1 Never Married 2 Married 3 Widowed 4 X Divorced	FORCES? 1 X YES IF YES, GIVE WAR OR DA	2 NO TES	If yes, sp		Maxican, Puerto Rican, stc.) Specify: Specify: White				
	15. DECEDENT'S EDUCA	ATION	16a. DECEDENT'S USI (Give kind of work			16b. KIND OF BUSINESS/INDUSTRY				
COMPLETED	Elementery/Secondary (0-12) College (1-4 or 5+)			maker	st or working	B & (nond			
Ř	17. FATNER'S NAME (First, Middle, Last)	40 44004	B & O Railroad ME (First, Middle, Malden Sumeme)							
8	Seymour J. Lee					NAME (First, Middle, Malden Sumame) N. Pyles				
BE (19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street a		Route Number, City or Tow	n, State, Zip Gode	a)		
5	Joseph B. Lee		P.O.	Box 59	94 – Ft	. Ashby,	WV 2	6719		
	20a. METHOD OF DISPOSITION 1 X Burial 2 Cremation 3 Ramo 4 Donation 5 Other (Specify)	vat from State 20b.	PLACE AND DATE OF D	place)	me of	OATE 20c. LO	CATION - City of	or Town, State		
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE	LIUII	22. NAME AP	D ADDRESS OF FA	CILITY				
	· Otherdy 87.	Epcherch	•	P.O.E	30x 126	uneral Ho O-Ft.Ashl	V.WV	nc. 26719		
	23. PART I. Entar the pseasea, or concehock, or heart feilure. L	omplications that caused	tha deeth. Do not	anter the mo	da of dying, suc	h as cardiac or reep	iratory arrest,	Approximate Interval Between		
	IMMEDIATE CAUSE (Finel disease or condition resulting In death) a. Au TC RCTI I A TORY FAILURE DUE TO (OR AS A CONSCIDENCE OF):									
	DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSCOUENCE OF):									
S	CAUSE (Disease or Injury									
	that initiated events Due TO (OR AS A CONSEQUENCE OF): resulting in death) LAST									
	d.									
NA I	PART II. Other eignificant conditions contributing to death but not recuiting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDIN AWAILABLE PRIOR TO									
MEDIC	1 TYES 2 THO OF									
	DID TOBACCO USE CO	ONTRIBUTE TO	CAUSE OF D	EATH Y	S M NO			1 TYES 2 12 NO		
A	25. WAS CASE REFERRED TO MEDICAL				ACE OF DEATH (Ch	<u></u>				
SIC	EXAMINER?	HOSPITAL:	itlent 3 DOA 4	THER:	e 5 🗆 Realdenca	6 Other (Specify)				
PHYSICIAN:	27. MANNEB OF DEATH 1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O		URY AT	28d. DESCRIBE NOW I	NJURY OCCURE	D		
BY	2 Accident Investigation	200 DI ACE OF IN HURY	A15		ES 2 NO					
COMPLETED	3 Suicide 6 Could not be datarmined	28e. PLACE OF INJURY building, etc. (Spec	— At nome, farm, stree	et, factory, offic		281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
PLE	290. CERTIFIER 1 CERTIFYING PHYSIC	IAN: To the best of my knowl	edge, death occurred a	t the time, date	and place, and due	to the cause(s) and mar	nner as stated.			
Š								use(a) and manner ea stated.		
BE	296. SIGNATURE AND TITLE OF CERTIFIER BOLL 29c. LICENSE N					UMBER 29d. DATE SIGNED (Month, Day, Year)				
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETEO CAUSE OF OE	TH (ITEM 27) (Type, Pri	nt)	D 23334		3	11-179		
	Dr. Dinesh Shah. P	0. Box 13	Pinto. M	D 215	56					
	31. DATE FILED (MORITH, Day, Year) MAY 1 6 1994	III MISTRAR'S SIGN	or Randall							

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BALTIMORE, MARYLAND 21215-0020	. Page 6 may be maked by the hompital or attending physici
BALTIN	iours after death. Pag
BOX 68760,	cate be executed within
RECORDS, P.O.	aw requires that the death certificate be executed within 21 hours after death. Page 6 may
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TAL DR ATTENDING PHYSICIAN; The law

use as the burial-transit permit. Pages 1, 2, 3 should impital or attending physician. page 5 should be detached for director, the and completely fille burial, cremation, the attending physician Mental Hygiene prior to by t signed Health a t. of Heal has be Dept. 23 su certificate to the State Wher this cer leath with the marked, (After 1 death DIRECTOR: A hours after d item 28 is FUNERAL within 72 h TO THE HOSPITZ TO THE FUNERA De filed within 7

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29b. SIGNATURE AND TITLE OF CERTIFIER

ITEM: 7. PER F.H. FILM G-712 6/27/94 t.t STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 15 Edward F. Laughlin 05 94 9:00 A. M 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign HOHBS 219-14-5996 11 M 2 | F 70 YRS. July 14 94 Lonaconing, Mo 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Baltimore, Md. DIRECTOR 4106 Kahlston Road Perry Hall RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Mineral Piedmont 1 X YES 2 | NO FUNERAL 10a. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 76 Second St. 26750 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 XNO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-if yea, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2 1 Never Married 2 X Married 1 YES 2 1 NO Specify: BY 3 Widowed 4 Divorced White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest (Elementary/Secondary (0-12) College (1-4 or 5+) Eddie's Place Bar/ Restaurant 12 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) BE John Laughlin Marie Hohing 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Second St. Piedmont, Wv Norma Laughlin 26750 20a METHOD OF DISPOSITION
1 2 Burlal 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State metery, cremetory or other place St. Peter's Westernport, Md 4 Donation 5 Other (Specify) 18 22. NAME AND ADDRESS OF FACILITY Fredlock Funeral Home 21. SIGNATURE OF FUNERAL SERVICE LICENSEE P.o. Box 4 Piedmont, Wv 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final Onset and Death disesse Dr condition_ Sudden Beath resulting in death) Instanti DUE TO (OR AS A CONSEQUENCE OF) Curdio Vascular discose teriosc krotic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE PERFORMED? 1 TYES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF OEATH (Check only one) HOSPITAL: OTHER: 1 TES 2 NO atlent 2 - ER/Outpetlent 3 - DOA ng Home 5 Residence 6 - Other (Specify) 27 MANNER OF DEATH 28a. OATE OF INJURY (Month, Day, Year) 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED 1 Natural
2 Accident 5 Pending Investigation 1 YES 2 NO BY 28e. PLACE OF INJURY — At home, farm, street, factory, offica building, atc. (Specify) 3 Suicide 261. LOCATION (Street and Number or Rural Route Number, 6 Could not be COMPLETED 4 Homicide determined 29a. CERTIFIER
1 Chack note: 1 CERTIFYING PHYSICIAN: To the best of my knowledge, dash occurred at the time, data and place, and due to the cause(a) and menner as steted. (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and piaca, and due to the cause(a) and menner as stated.

29c. LICENSE NUMBER

m 0 30. NAME AND ADDRESS OF PERSON WHO MPLETED CAUSE OF OEATH (ITEM 27) (Type, Print) P.O. Box X Keyser W. 26726 JAMES mi 31. DATE FILED (Month, Day, Year)

29d. DATE SIGNED (Month, Day, Year)

burial-transit notation or attending physician, as the

BALTIMORE, MARYLAND 21215-0020 ours after death. Page 6 may be retained by the coupling or attending physici

Pages 1, 2, 3 should

permit.

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Medical Manager		once.
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RECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 mount		IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
n by the	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	odical
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DIVISION OF VITAL RECORDS, P.O. BOX 68760, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with

HOSPITAL

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1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. OECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR RUTH ELIZABETH LIGHT 05 94 20:45 PM 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign DAYS HOURS 1 M 2 YRS. 214-07-2310 Jul 1909 WV 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR MEMORIAL HOSPITAL & MEDICAL CENTER CUMBERLAND, MD ALLEGANY RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY MD Allegany LaVale 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEH OF WHAT COUNTRY? 566 National Highway 21502 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES. 13. WAS DECENDENT OF HISPAHIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married If yes, specify Cuban, Maxican, Puerto Rican, etc.) Wildowed 4 Divorced 1 YES 2 NO Specify. Specify: В white COMPLETED 16a. DECEDENT'S USUAL OCCUPATIOH (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) homemaker own home once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Henry Huff

19a. IHFORMAHT'S HAME (Type/Print) BE Effie Nu 1 1 19b. MAILING AOORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 David Light 566 National Highway LaVale MD 21502 20a. METHOD OF DISPOSITION

X Burlel 2 Cremetion 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AHD DATE OF DISPOSITIOH (Name of 20c. LOCATIOH -- City or Town, State OATE must cemetery, crematory or other place) Cemetery 5/17/ Cumberland MD examiner 21. SIGNATURE OF FUHERAL SERVICE LICENSEE 22. HAME AND ADDRESS OF FACILITY Scarpelli Funeral Home Cumberland, Maryland medical 23. PART / Enter the diseases, or complications that ceuaed ha death. Do not anter tha mode of dying, such as cerdiac or reapiratory arrest, shock, or heart feiture. List only one cause on asch line. **Approximata** intarval Batween IMMEDIATE CAUSE (Finel Onset and Death disease or condition (oncinona resulting in deeth) DUE TO (OR AS A CONSEQUENCE OF): humbucyto CERTIFICATION Sequentially list conditions, QUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury OUE TO (OR AS A COHSEQUENCE OF) that initiated events resulting in death) LAST 9 PART il. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FIHOIHGS AVAILABLE PRIOR TO COMPLETION DF CAUSE 24a. WAS AN AUTOPSY PERFORMED? MEDICAL any 1 YES 2 WO OF DEATH? Shows 1 YES 2 HO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one Tem! HOSPITAL: OTHER: 1 YES 2 NO 1 Pinpetient 2 ER/Outpatient 3 DOA 4 - Nursing Home 5 - Residence 6 - Other (Specify) 6 27. MAHHER OF OEATH 28e. OATE OF IHJURY 28b. TIME OF 28c. IHJURY AT 26d. DESCRIBE HOW IHJURY OCCUREO 1 Natural 5 Pending м 1 YES 2 HO BY 2 Accident Investigation 28e. PLACE OF IHJURY — Al home, ferm, street, fectory, office hundred, atc. (Specify) 281. LOCATIOH (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 8 Could not be COMPLETED 4 Homicide

29a. CERTIFIER
(Chack and)

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated.

32 PEGISTINA'S SIGNATURAL P

investigation, in my opinion, death occurred at the time, data and place, and due to the cause(e) and manner as stated.

21502

29c. LICEHSE HUMBER

D 23371

2 0 30. HAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) DR. QAMAR ZAMAN, SUITE 102, 625 KENT AVE., CUMBERLAND, MD

BE

2 MEDICAL EXAMINER: On the beats

lum

29b. SIGHATURE AHO TITLE OF CENTIFIE

90

29d. DATE SIGNED (Month, Day, Year)

CCITY

DHMH-18 Rev 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Durs after death. Pige 67199 je retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notitied at once.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

	REGISTRAR			PENTIF	ICATE	טר ט	EATH	REG. NO.				
į	1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH MONTH DAY YEAR 7 1994 3:40											
	RICHARD A.					5 17						
	4. SOCIAL SECURITY NUMBER	5. SEX				7. DATE OF BIRTH (Month, Day, Year)	ATE OF BIRTH ## Annth, Day, Year) 8. BIRTHPLACE (Sie Country)		PLACE (State or Foreign			
	219-44-2439	1 🔀 M 2 🗆 F	1.5				MAY 22,1			944 MARYLAND		
_	9e. FACILITY NAME (If not institution, give street and number)				9b. CITY, TO	OWN OR L	OCATION OF DE	ATH	9c. COU	INTY OF D	EATH	
DIRECTOR	MEMORIAL HOSPITAL & MEDICAL CENTH				CUMBE	RLAN	D		ALLI	EGANY		
[RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	10c CIT	Y, TOWN OR I	OCATION					18d. INSIDE CITY			
E		LEGANY			UMBER						LIMITS?	
	10e. STREET AND NUMBER	ZEGAN I			OMBEI	_	CODE		10- 017	TIZEN OF W	HAT COUNTRY?	
RA	812 SHRIVER AV	TF.					1502		log. Cit	US		
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARI				I 12 WM						— American Indian,	
	1 X Never Married 2 Married	FORCES? 1 IF YES, GIVE W	YES 25		If yo	yea, specify Cuban, Maxican, Puerto Rican, atc.) YES 2X NO Specify:			Black, White, etc.			
B	3 Widowed 4 Divorced	IF TES, GIVE W	AH OH DAIES		1 ''	1 1ES 2X	NO Specify			Specif	WHITE	
8	15. DECEDENT'S EDUC (Specify only highest grade	ATION	16a.	DECEDENT'S	USUAL OCCU	PATION		16b. KIND OF BUS	INESS/IN	DUSTRY	-	
ᇤ	Elementary/Secondary (0-12)	College (1-4 or 5 +	,	life. Do NOT us	se retired.)	ng most or	working	DISA				
린	8			DISA	BLED							
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18	. MOTHER'S NAI	THER'S NAME (First, Middle, Malden Surname)				
BE (RICHARD E. I	JIGHT					EVELYN STEINLA					
TO B	19a. INFORMANT'S NAME (Type/Print)							loute Number, City or Town				
F	EVELYN S. LIGH	IT		812	SHIVE	ER A	VE. C	UMBERLANI	D, M	1D 2	1502	
	20a. METHOD OF DISPOSITION 1. Buriel 2 Cremation 3 Ramo	wal from State		CEAND DATE	OF DISPOSITION	ON (Name o	of	OATE 20c. LO	CATION —	City or To	wn, State	
;	4 Donation 5 Other (Specify)		FRO	STBUI	RG ME	MOR	IAL PK	5/19 FR	OST	BURG	, MD	
	DE DIGNATURE OF FUNERAL BERVICE LIC	ENSEE	1		22. NA	ME AND A	DORESS OF FAC					
	1 Douglas	s Ha	fer					YLAND 21		ו מחנ	MORTOART	
	23. PART I. Enter the diseases, or c shock, or heart failure. I	omplications tha	t caused the	death. Do i			•			rest,	Approximate Interval Between	
	IMMEDIATE CAUSE (Final	1 11	1.	nela		1) (7			Onset and Death	
	disease or condition resulting in death)											
	TUE TO (OR AS A PANSEOUENCE OF):											
N	Sequentisity list conditions,											
CERTIFICATION	if any, laading to immediate											
5	CAUSE (Disease or Injury OUE TO (OR AS A CONSEQUENCE OF):											
Ē	that initiated events resulting in death) LAST	002 10	(On AS A CON.	SECULACE O	r):						j	
崽		t										
	PART II. Other significant conditions contributing to death but not resulting in the undarlying cause given in Part 1. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS											
EDICAL					PERFO			1		AVAILABLE PRIOR TO COMPLETION OF CAUSE		
	Lagar.						,				OF DEATH?	
Σ.	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES X NO											
Ž.	25. WAS CASE REFERRED TO MEDICAL					26. PLACE	OF DEATH (Che	ck only one)				
SIC	EXAMINER?	HOSPITAL:	ER/Outpatient	3 DOA	OTHER:	g Home 5	☐ Realdence	8 Other (Specify)				
PHYSICIAN:	27. MANNER OF DEATH	28a. OATE OF (Month, D		28b. TIM		ic. INJURY WORK?	AT	28d. DEŞCRIBE HOW I	NJURY OC	CURED		
ВУБ	1 Natural 5 Pending Investigation	(Moran, D	ay, rour,	100			2 NO					
	3 Suicide & Could not be	28a. PLACE O	F INJURY — At atc. (Specify)	home, term,	street, tectory	, office		28t. LOCATION (Street a	nd Numbe	or or Rural F	loute Number,	
TED	4 Homicide determined	Julionity,	etti (Specify)					City or Town, State)				
COMPLET	29a. CERTIFIER CERTIFYING PHYSI	CIAN: To the best of	my knowledge.	death occurr	ed at the time	date and	t place, and due	to the cause(s) and mar	ner se etc	ted		
N	Silver String) and manner as stated.	
- 11	29b. SIGNATURE AND TUTLE OF CERTIFIE											
BE	XIXIVII	11mm 1	1	7			LICENSE NUN	IBER	29d. DA	FE SIGNEO	11 2721	
2	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CALL	SE DE DEATH #	TEM 27 (5	Print)	ען	16041			1-1	1 /-	
	TERMY WILLIAMS M.					ICAT.	BLDG.	CUMBERI.AN	ND. N	MD 2	1502	
	31. DATE FILED (Month: Day: Year)	The second second	A'S SIGNATUR			/)		, ,			
	5/19/94	/ / /		1 . /	eon	-15	m-1-	ll you	0			
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DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with a completely filled in byte fluxerable of the fluxerable of the state of the septiment of the state of the s

DIRECTOR
BY FUNERAL
COMPLETED
TO BE

	FOR STATE REGISTRAR	STATE OF M	ARYLAND / DEPART CERTIFIC	MENT OF HEA		IENTAL HYGIENE REG. NO.						
	1. DECEDENT'S NAME (First, Middle, Lest) SAMANTHA ARE	FORD		2. DATE OF DEATH DAY YEAR 1815 P								
	4. SOCIAL SECURITY NUMBER	-	LUCAS 6. AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	05 21 7. DATE OF BIRTH	1994	THPLACE (State or Foreign				
	220 16 5882	1 🗆 M 2 🔀 F	88 YRS.	MONTHS DAYS H	IOURS MIN,	May 30.19	Co	nnsylvania				
_	9a. FACILITY NAME (If not institution, give s	street and number)		9b. CITY, TOWN OR	LOCATION OF DEA	АТН	9c. COUNTY OF	DEATH				
DIRECTOR	Allegany Count	<u>ty Nursi</u>	ng Home	CUMBEI	KLAND		ALLE	GANY				
RE	10e. STATE 10b. COUNT			TOWN OR LOCATION	N		· ·	10d. INSIDE CITY				
	Maryland All	legany	C	<u>umberla</u>				1 \$ YES 2 NO				
FUNERAL	817 Fayette St	troot			21502							
	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. ARMED			C ORIGIN? (Specify Year	or No- 14. R	ACE — American Indian.				
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 [IF YES, GIVE WA	YES 2 X NO		ly Cuban, Maxican	, Puarto Rican, atc.)	В	ack, White, etc.				
ED	15. DECEDENT'S EDU		18a, DECEDENT'S U	ISUAL OCCUPATION		16b. KIND OF BUSINESS/INDUSTRY						
	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of wo	ork done during most o retired.)	of working	Special	l Education					
COMPLET		er		Allegany Co.Bd. of Ed.								
	17. FATHER'S NAME (First, Middle, Last) George F. Are1	ford		1			10g. CITIZEN OF WHAT COUNTRY? U.S.A.					
O BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street and								
=	Philip R. Luca	is, Sr.	817 F	ayette	StCu	mberland,	, MD	21502				
	20e. METHOD OF DISPOSITION 1	ioval from Stata	cemetery, cremetory or oth	or plana!		40-01						
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY											
	Whender & D. I	unchunch	₩.	George	e-Upchu	irch Fune	ral Ho	me, P.A.				
	23. PART i. Enter the diseasea, or ahock, or haart fallure.	complications that	caused tha death. Do no	ot enter the moda	of dying, auch	as cardiac or reapire	itory arreat,	Approximate				
	IMMEDIATE CAUSE (Final	Controlly on a cade	T	1.								
1	disease or condition resulting in death) a. Due to (or as alconsequence of):											
z	eptic wife, diseace											
2	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING											
3	CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	resulting in death) LAST											
AL C												
								COMPLETION OF CAUSE				
MEDIC						_						
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			28 PLAC	E OF DEATH (Chec	ck only one)						
2	EXAMINER?	HOSPITAL:		OTHER:								
5	27. MANNER OF DEATH 1 Ponding	28a. DATE OF I (Month, De	NJURY 28b. TIME	OF 28c. INJURY	Y AT	28d. DESCRIBE HOW IN.	JURY OCCURED					
	2 Accident Investigation	28s PLACE OF	INJURY — At home, farm, str		2 NO	DEL LOCATION (O						
MPLEIED	3 Suicide 6 Could not be datarmined	building, a	tc. (Specify)	reet, factory, ornica		26f. LOCATION (Street an City or Town, State)	a Number of Hur	al Houte Number,				
7	29a. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.											
3			mination and/or investigation.	, in my opinion, daat	h occured at the t	lme, data and place, and	due to the caus	e(a) and manner as stated.				
N	296. SIGNATURE AND TITLE OF CERTIFIE	1. Han		21	9c. LICENSE NUME	BER	29d. DATE SIGN	ED (Month, Day, Year)				
2 ∦	30. NAME AND ADDRESS OF PERSON WH	OCOMPLETED CAUSE	E OF DEATH (ITEM 27) (Type, F	Print)	11/1	> ()	- > -	13-14				
	VIMALA A. RANJI		OLD TOWN RI), CUMBER	LAND MD	. 21502		′				
	MAY 25 1994		is signature									

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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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	event the medical examiner must be notified at once
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lyglene prior to burial,	0

Marian Crystine Luipersbeck
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFI	CATE OF	DEATH	REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last) MARIAN CR	LUIPER	SBEEN		2. DATE OF DEATH DO	MONTH DAY YEAR				
	4. SOCIAL SECURITY NUMBER 324-01-7554		IGE (In yrs. lest birthday)	IF UNDER t YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) June 7, 1	.918 I	BIRTHPLACE (State or Foreign Country) Illinois		
OR	9a. FACILITY NAME (If not institution, give st Colton Villa Nur		Hagers	TOWN		9c. COUNTY	of DEATH ington			
딥	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		10c, CIT)	, TOWN OR LOCA	ION			10d. INSIDE CITY		
L DIR	Maryland Wash	ington	Hage	erstown				1 TYES 2 NO		
NERA	18605 Preston Roa	gelon)		21742		USA				
BY FUNERAL DIRECTOR	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	ER IN U.S. ARMED VES 2 NO DR DATES WW2	If yes, sp		ilC ORIGIN? (Specify Yea n, Puarlo Rican, etc.) ::	or No- 14.	RACE — American Indian, Black, White, atc. Specify: White			
	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a. DECEDENT'S	USUAL OCCUPATI	ON at of working	16b. KIND OF BU	SINESS/INDUS	TRY		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	homema	e retired.)		home				
BE CON	17. FATHER'S NAME (First, Middle, Lest) Frank Macc	orwski	heil		18. MOTHER'S NAME (First, Middle, Melden Surname) Pauline Rogowski					
TO B	190. INFORMANT'S NAME (Type/Print) Karen C. McNeal					Stown, Mai		21742		
	20a. METHOD OF DISPOSITION 1 [X] Burlst 2 Cremation 3 Remo	oval from State	206. PLACE AND DATE OF COMPRESSION AND STATE O	F DISPOSITION (N	me of	DATE 20c. LOCATION - City or Town, State 6/2 Hagerstown, Maryland				
	21. 9GNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Gerald N. Minnich Hagerstown, Mary									
7	IMMEDIATE CAUSE (Final disease or condition resulting in death) SMALLCELL CARCINOMA OF LUNG Due TO (OR AS A CONSEQUENCE OF): Onset and Death 2 Y EARS							Approximate interval Between Onset and Death 2 Y EARS		
CERTIFICATION	Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR DUE TO (OR	AS A CONSEQUENCE OF	METASTATIC DISEASE TO BRAIN. NSEOUENCE OF): X.						
	PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS									
V: MEDICAL			none			PERFOF		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. P	ACE OF DEATH (Ch	eck only one)				
PHYSICIAN:	1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 6 Residence 6 Other (Specify) 26a. DATE OF INJURY 26b. TIME OF INJURY AT WORK? WORK?								
TED BY	2 Accident 3 Suicide 6 Could not ba 4 Homicide detarmined	treet, factory, offic		281. LOCATION (Street City or Town, State)	LOCATION (Street and Number or Rural Route Number, City or Town, State)					
COMPLET	and	CIAN: To the best of my in R: On the basis of examin						ause(a) and manner as stated.		
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER 9 AND D28365 D263. DATE SIGNED (MUNIC), Day, Year)									
-	368 MILL ST	PEET (PHIN)	10 21	740.				
	JUN 0 1 1994	John Dandon	-Routelle							



			١
DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cartificate be executed within a fours after death. Page 8 may be interested to the attending physician and completely filled in by the funeral director sees 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPART	MENT OF H	EALTH AND I	MENTAL HYGIENE REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)	STPETTE BETTE				2. DATE OF DEATH	YEAR YEAR	3. TIME OF DEATH		
		y Howard Baum		ring		May 23 DAY	1994 YEAR	8:00 a.mw		
	4. SOCIAL SECURITY NUMBER 213-22-7954	1 □ M 2XX F 70	YRS.	F UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	June 25, 19	923 8. BIRTI	ryland		
TOR	99. FACILITY NAME (If not institution, give a 1130 Hudson Road RESIDENCE OF DECEDENT				ridge					
DIRECTOR	10e. STATE 10b. COUNT	chester		TOWN OR LOCAT	ION			10d. INSIDE CITY LIMITS? 1 YES 24 NO		
FUNERAL	100. STREET AND NUMBER 1130 Hudson Road	d		101	21613		10g. CITIZEN OF TUS			
BY	11. MARITAL STATUS 1 Never Married 2 X Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DATE	U.S. ARMED 2X XNO TES	If yes, so		NC ORIGIN? (Specify Yes on, Puerto Rican, atc.)	Blac	E — American Indian, k, Whita, etc. ///: White		
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	16a. DECEDENT'S U (Give kind of wo life. Do NOT use	ork done during mo:	DN st of working	16b. KIND OF BUSH	NESS/INDUSTRY			
MP	12	4	Homema	aker						
BE CO		Simmons			Mary I	ME (First, Middle, Maiden Si Byrn	iumame)			
5	190. INFORMANT'S NAME (Type/Print) Charles B. Leven	ring				Poute Number, City or Town, bridge, Md.				
	20e. METHOD OF DISPOSITION 1 Devial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	ceme	PLACE AND DATE OF htery, crematory exother Drist Chi			1	mbridge,			
	21. SIGNATURE OF TUNERAL SERVICE LE	ZENSEE		Thoma	s Funera		W1 6	1610		
CERTIFICATION	IMMEDIATE CAUSE (Final	с	111	Chrolio	prise	med) disea		Interval Between Onset and Death		
PHYSICIAN: MEDICAL CE	PART II. Other algnificant condition History (7 (2)	na contributing to death but A - Remo		the underlying	g ceuse given in	Part i. 24a. WAS AN AI PERFORM	IED?	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PL	ACE OF OEATH (Che	ack only one)				
B	1 VES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be	1 Inpetient 2 ER/Outpe 28a. DATE OF INJURY (Month, Day, Year) 26a. PLACE OF INJURY building, etc. (Specif	28b. TIME	OF 28c. INJI RY WO 1 1 1	URY AT RK? 'ES 2 NO	8 Other (Specify) 26d. DESCRIBE HOW IN. 26f. LOCATION (Street en.		Route Number,		
COMPLETED	4 Homicide determined	ICIAN: To the best of my knowle		at the time, data	and place, end due	City or Town, State)	iar as stated			
	et	ER: On the beele of examination			eath occured at the	time, date end piece, end	dus to the cause(
TO BE	30. NAME AND ANDRESS OF PERSON WH	COMPLETED CAUSE OF DEA	TH (ITEM 27) /Time (Derforth	Dala 3	88	≥ 5°3	1.54		
	Michael JFA 31. DATE FILED (MONTH, Day, Year)	den MD	302 (8)	lling.	Herlock	mel 2/	643			
	MAY 3 1 1994	Julia Davidson	Rardall							

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within an hours after death. Plant for the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Nem 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE MARYLAND 21215-0020

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First	, Middle, Last)								2. DATE	OF DEATH	DAY	YEAR	3. TIME OF DEATH	
	Robert									May		1994		2312	M
	4. SOCIAL SECURITY NUM		5. SEX	6. AGE (In yrs.	.,	MONTHS	R 1 YEAR	IF UNDE	R 24 HRS.	(Mont	OF BIRTH		6. BIRT	HPLACE (State or Fore	sign
	579 40 510		1 X M 2 F	67	YRS.						22	26		hington	DC
œ	9a. FACILITY NAME (If not in Calvert	-		enita	,				TON OF D	_{EATH} deri	~ l=	9c. CO	O - 7		
57	RESIDENCE OF DE		LIAI NO	spica.		,	PLII	ice	rre	deri	.CK		Car	vert	
DIRECTOR	10a. STATE	10b. COUNT	Υ		10c. CI1	10c. CITY, TOWN OR LOCATION								10d. INSIDE CITY LIMITS?	
ō	Maryland	Calv	ert		Lu	sby							1 - YES 2 X N	ю	
SAL	10e. STREET AND NUMBER						10	. ZIP COO						ZEN OF WHAT COUNTRY?	
FUNERAL	135 Brook	s Co	· · · · · · · · · · · · · · · · · · ·					206			- 10		Y	d State	
	1 Never Married 25	Married		YES 2	NO		if yes, sp	ecify Cub	an, Mexico	n, Puerto	i? (Specify Yo Rican, etc.)	Yes or No.— 14. RACE — American Indian, Black, White, etc.			
BY	3 Widowed 4 Dive	orced		WWII			1 U YES	ZX NO	Specif	у:			Spec	white	
ED	15. DEC (Specify on	EDENT'S EDU	CATION completed)	160.	DECEDENT'S				ina	16b	KIND OF BU	JSINESS/IN	DUSTRY		
	Elementary/Secondary (College (1-4 or 5	+) M4	echan	ise retired.)					Jawal	Pos	2027	ch Lab	
COMPLETED	17. FATHER'S NAME (First, N			171	ccnan	iica	T 10							сп цар	
BE CC	Clarence	C.	McLe	an					Ruth		Middle, Maide M •	n Surname)		mith	
10	190. INFORMANT'S NAME (Irene Mae	,, ,	an		P.O.	BOX	32	3 Lu	or or Rural	Route Num. Ma	ber, City or To	nd 2	ip Code) 2065	7	
	20e. METHOD OF DISPOSIT	TON	ovel from State		CE AND DATE				- (-		E 20c. L				
	4 Donation 5 Other	(Specify)		Mary	yland	Ve	ter	ans	Gem	<u>624</u> 1	yche	lter	ham	Maryla	nd
	21. SIGNATURE OF FUNERA	L SERVICE LI	CENSEE			22.	NAME A	NU AUURI			Raus	cn i	rune	rai HOM	e
	23. PART I. Enter the diseases, Dr complications that caused the death. Do not enter the mode of dying, such as cardiac Dr respiratory arrest, Approximate											lic			
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of):														
8		-	d												
MEDICAL	PART II. Other algnifica	ent condition	ns contributing to	death but no	ot resulting	in tha u	ndarlyin	g causa	given in	Part i.	24a. WAS A PERFO 1 YES	RMED?	241	D. WERE AUTOPSY FIN AMAILABLE PRIOR TI COMPLETION OF CA OF DEATH? 1 YES 2 NO	USE
PHYSICIAN:	07 440 0105 0555000								257 8						
C	25. WAS CASE REFERRED T EXAMINER? 1 YES 2 NO	O MEDICAL	HOSPITAL:			OTHE	R:			eck only or					
HYS	27. MANNER OF DEATH		1 Inpetient 2 (3 □ DOA	-		URY AT	lesidence	6 Othe	r (Specify) SCRIBE HOW	INJURY O	CCURED		
		Pending Investigation	(Month, L	Day, Year)		JURY	WC	PRK?	□ NO						
ED BY	2 Accident 3 Suicide 6 4 Homicide	Could not be determined	28e. PLACE (building,	OF INJURY — At, etc. (Specify)	t home, farm,	street, fac	tory, offic	•		26f. LOC City	ATION (Street or Town, Stett	end Numb	er or Rural	Route Number,	
COMPLETED	100000		ICIAN: To the best of											a) and menner ee sta	ted
ECC	29b. MGNATURE AND TITLE								ENSE NU					O (Month, Day, Year)	
0	Charles	Ber	mett no !).				02	51	56		10	5-8	794	
2	30. NAME AND ADDRESS O	F PERSON WH	O COMPLETED CAU	ISE OF DEATH (ITEM 27) (Type	e, Print)			- (
	Charles	W. E	Bennett,	м.в.	11	845	н.	G.	True	eman	Rd.	Lus	by,	MD. 201	567
	31. DATE FILED (Month, Day,	"Î 199	32. REGISTR	AR'S SIGNATUR	E ,	-2									
	JOIN .	T 199	4 Jane	Bucker	Tarkell										

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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O. BOX	certificate
S,	death
S	the
7	that
AL RECORDS, P.O.	aw requires that the death cert
_	₩e
⋖	The
010	ITTENDING PHYSICIAN:
DIVISION	ATTENDING
5	OR.
_	HOSPITAL

	1 - FOR STATE REGISTRAR	TATE OF MARYLAND /		NT OF HEALTH AND TE OF DEATH	MENTAL HYGIENE REG. NO.					
	1. OECEOENT'S NAME (First, Middle, Last) Toney		Mor	sell	2. DATE OF OEATH MONTH MAY 22,	199 ⁴	3. TIME OF DEATH 1840 M			
	217 30 0732	M 2 1	YRS. MONTH		7. DATE OF BIRTH (Month, Day, Year) Dec. 7, 19(05 Ma	arvland			
TOR	99. FACILITY NAME (If not institution, give street er Calvert Memori RESIDENCE OF DECEDENT			rince Fred		9c. COUNTY OF DEATH Calvert				
DIRECTOR	Maryland Calver	:t	Owings	N OR LOCATION			10d. INSIDE CITY LIMITS? 1 YES 2 X NO			
FUNERAL	1250 Skinners Turn	Rd.		101. ZIP CODE 20736		10g. CITIZEN OF	WHAT COUNTRY?			
BY	1 Never Merried 2 Merried F	MAS DECEDENT EVER IN U.S. AR FORCES? 1 YES 2 Y N F YES, GIVE WAR OR DATES	MED	II. WAS DECENDENT OF HISPA II yes, specify Cuben, Mexic 1 YES 2 NO Specific	in, Puerto Rican, etc.)	or No- 14. RAC Bla- Spe	CE — American Indian, ck, White, atc. city: Black			
COMPLETED	15. DECEDENT'S EQUICATION (Specify only highest grade completed in the complete of the complet	eted) (G/	CEDENT'S USUAL tree kind of work do Do NOT use retire	ne during most of working d.)	16b. KIND OF BUSI	NESS/INDUSTRY	19			
O	17. FATHER'S NAME (First, Middle, Last)				ME (First, Middle, Maiden St	umame)				
BE C	James Ric	е		Jane		unknown	1)			
TO B	196. INFORMANT'S NAME (Type/Print) Elizabeth Contee			ess (Street and Number or Rural nners Turn Rd			'36			
	20a METHOD OF DISPOSITION 1 M Burlel 2 Cremation 3 Removal fr 4 Donetion 5 Other (Specify)	20b. PLACE A cametery, cre	ND DATE OF DISE	Cem. 5/30/	DATE 200 LOCA	ATION — City or 1	Town, Stata			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEI		r s chr	22. NAME AND ADDRESS OF FA	94 Frie	ndship.	MD			
	Sponcer 8.	Sawell	74	1451 Dares Be	ach Rd. Pri	nce Fre	ноте ed.,MD 20678			
	23. PART I Enter the diseases, Dr complications that ceused the deeth. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, Dr heert fellure. List pnly one ceuse on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Due to (OR AS A CONSEQUENCE OF): Approximately arrest, Approximately arrest, and a consequence of dying, such as cardiac or reapiratory arrest, approximately arrest, and a consequence of dying, such as cardiac or reapiratory arrest, approximately arrest, and a consequence of dying, such as cardiac or reapiratory arrest, approximately arrest, and a consequence of dying, such as cardiac or reapiratory arrest, approximately arrest, and a consequence of dying, such as cardiac or reapiratory arrest, approximately arrest, and a consequence of dying, such as cardiac or reapiratory arrest, approximately arrest, and a consequence of dying, such as cardiac or reapiratory arrest, and a consequence of dying, such as cardiac or reapiratory arrest, approximately arrest, and a consequence of dying, such as cardiac or reapiratory arrest, and a consequence of dying, such as cardiac or reapiratory arrest, and a consequence of dying, such as cardiac or reapiratory arrest, and a consequence of dying, such as cardiac or reapiratory arrest, and a consequence of dying, such as cardiac or reapiratory arrest, and a consequence of dying, such as cardiac or reapiratory arrest, and a consequence of dying, such as cardiac or reapiratory arrest, and a consequence of dying, such as cardiac or reapiratory arrest, and a consequence of dying, such as cardiac or reapiratory arrest, and a consequence of dying, such as cardiac or reapiratory arrest, and a consequence of dying, and a consequence of dying, and a consequence of dying, and a consequence of dying, and a consequence of dying, and a consequence of dying, and a consequence of dying, and a consequence of dying, and a consequence of dying, and a consequence of dying, and a consequence of dying, and a consequence of dying, and a									
CERTIFICATION	Sequentielly list conditions, if eny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in deeth) LAST	DUE TO (OR AS A CONSECUTION OF AS A CONSECUTIO	QUENCE OF):	i Hear	Dés	Omo				
MEDICAL	D. mellit	4			PERFORM 1 TYES 2	ED?	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 1 40			
PHYSICIAN:	DID TOBACCO USE COI 25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PLACE OF DEATH (C/			~ 1			
YS!	1 TES 2 NO 1	SPITAL: Inpatient 2 ER/Outpatient 3	DOA 4 1	ER: lursing Home 5 - Reeldence	6 Other (Specify)					
ву Рн	27. MANNER OF DEATH 1 Natural 5 Pending Investigation	26e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW IN.	JURY OCCURED				
	a Decident	28e. PLACE OF INJURY — At hos building, etc. (Specify)	me, ferm, straet,	actory, office	281, LOCATION (Street en City or Town, State)	d Number or Rural	Route Number,			
COMPLETED		To the best of my knowledge, da the basis of examination end/or i					(s) end manner ee stated.			
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER A TOTAL OF RESIDENCE OF RESIDEN	D Alley	Physi	29c. LICENSE NU	MBER 2	29d. DATE SIGNE	0 (Month, Day, Yeer), 23 () 7 .			
	30. NAME AND ADDRESS OF PERSON WHO COM Dr. Anwar Munsh	i		Prince Fre	ederick, M	1D 20	0678			
	31. DATE FILED (Month, Day, Year) MAY 3 1 1994	32 medistrar's signature Film Dawoloon how	dall							

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with completely filled in by the funeral offector, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It less 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First,	Middle, Last)									OF DEATH			3. TIME OF DEATH
	K	ATHLEE	N JOY	CE N	11LTE	NBER	GER			05	12	2	94	15:22 Pm
	4. SOCIAL SECURITY NUMB		5. SEX	6. AGE (In yrs. les	t birthday)	IF UNDER	R 1 YEAR	IF UNDER	24 HRS.	7. DATE	OF BIRTH		a. BIRTH	IPLACE (State or Foreign
	218-64-98	27	1 □ M 2 💢 F	72	YRS.	MONTHS	DAYS	HOURS	MIN.	Aug	12°,1	921	E N	GLAND
	9a. FACILITY NAME (If not in	stitution, give s	treet and number)			9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF OEATH								
5	MEMORIAL HO	SPITAL	& MEDIC	AL CENTE	ER	CUMBERLAND, MD ALLEGAN						ry		
5	RESIDENCE OF DEC													
DIRECTOR	10a. STATE	10b. COUNTY				FT. ASHBY						10d. INSIDE CITY LIMITS?		
	WEST VA	MIN	ERAL		-	١.					1 🕅 YES 2 🗌 NO			
¥	106. STREET AND NUMBER	v / / /					10	1. ZIP COD						WHAT COUNTRY?
FUNERAL	HC-86, BO	X 44					\perp	267					.S./	
	11. MARITAL STATUS 1 Never Married 2	Married	FORCES?	T EVER IN U.S. AR	MED NO		If yes, sp	ecify Cubi	ın, Mexica	in, Puarto F	? (Specify Yes	or No-	14. RACI Blac	E — American Indien, k, White, atc.
B	3 Widowed 4 Divo		IF YES, GIVE Y	MAR OR DATES			1 YES	2 💢 NO	Specify	y:			Spec	"y: WHITE
		EDENT'S EDU		16a. DE	CEDENT'S	USUAL O	CCUPATI	ON	-	16b.	KIND OF BUS	SINESS/IN	DUSTRY	
	(Specify only Elementary/Secondary (0	y highest grade	College (1-4 or 5	fife	No NOT u	work done se retired.)	during m	ost of worki	ng					
4	9				HOME	MAK	ΕR				HOME			
COMPLETED	17. FATHER'S NAME (First, M										liddle, Malden	Surname)		
BE (LAWRENCE	LOVER	IDGE					UN	KNO	WN				
5	19a. INFORMANT'S NAME (7								r or Rural I		er, City or Tow			
-	CHARLES C	. MIL	TENBERG	ER	HC-8	6,	<u> </u>	44	-	FT.	ASHE	βΥ,	WV	26719
	20a. METHOD OF DISPOSITI		oval from Stata	20b. PLACE	AND DATE	OF DISPOS	SITION	ame of			20c. LO			
	4 Donation 5 Other			cemetery, cre	<u>ASHB</u>			÷		-16-4	4 F1	. A	SHB	<u>(, WV</u>
	21. SIGNATURE OF FUNERA	L SERVICE LIC	ENSEE					ND ADDRE			AL HO	ME	TNO	`
	Stendy n. Lochweh P.O.BOX 1260-FT. ASHBY, WV 26719													
	23. PART I. Enter the diseases, or complications that ceuead the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, Approximate													
	ahock, or heart feiture. List only one ceuse on each line.													
[disease or condition resulting in death) a. Massive (excitately Manual													
ı	DUE TO (OR AS A CONSEQUENCE OF):													
N	Sequantially list conditi	lone.	b. 01	OR AS A CONSE	KU	CM	en	10	all	10				
Ā	if eny, leading to imme- cause. Entar UNDERLYi	dieta	Da 3	OR AS A CONSE	DUENCE O	F):		h	/	1 1	11			İ
CERTIFICATION	CAUSE (Disease or inju		c. DUE TO	(OR AS A CONSE	DUENCE O	D:		1/	100	7 (10/			
Ē	reaulting in death) LAS	Т		(.,								j
CE			d											
AL	PART ii. Other significa	nt condition	a contributing to	death but not a	resulting	In the u	nderfyln	g cauea	givan in	Part I.	24s. WAS AN PERFOR		24b	. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
음										_	1 TYES 2	NO NO		COMPLETION OF CAUSE OF DEATH?
MEDICAL														1 - YES 2 - NO
- 0	DID TOBACCO	USE C	ONTRIBUTE	TO CAUS	E OF	DEAT	TH Y	ES [NO					
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL	HQSPITAL:			OTHE		LACE OF E	EATH (Ch	eck only on	9}			
YSI	1 □ YES 2 DKNO		Inpatient 2	ER/Outpatient 3	□ DOA			ne 5 🗆 R	esidenca	6 🗆 Other	(Specify)			
표	27. MANNER OF DEATH 1 Natural 5	Pending	28a. DATE Of (Month, L		28b. TIM	JURY	W	JURY AT ORK?		2ed. DES	CRIBE HOW I	NJURY OC	CURED	
B	2 Accident	Investigation				М		YES 2 [NO					
		Could not be determined	building	OF INJURY — At he etc. (Specify)	me, term,	atreet, fac	tory, offic	:0			ATION (Street in or Town, State)	and Numbe	r or Rural i	Route Number,.
<u>Li</u>	29a. CERTIFIER	-			_		_							
COMPLET	(Check only		CIAN: To the best o											
8	2 MEDI	ICAL EXAMINE	R: On the baels of a	xamination and/or	Investigetio	on, In my	opinion,	death occu	red at the	time, date	and placa, an	d due to t	he cause(i	s) and manner as stated.
BE (29b. SIGNATURE AND TITLE	OF CERTIFIER	3						ENSE NUI			29d. DA	TE SIGNED	(Month, Day, Year)
6								D 2	2029)			2/13	194
-	30. NAME AND ADDRESS OF						D1:		0.5			017	/ (100 100 01.50
			Johnson	Heights	Medi	cal	RTq8	3., 6	25 K	CENT .	AVE.,	CUME	BERLA	ND, MD 21501
	31. DATE FILED (Month, Day,	5 554	PABGISTA	AR'S GIGNATURE	LK									

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		1 - STATE REGISTRAR	STATE OF MARYL		TMENT OF H		MENTAL HYGIEN		
		1. OECEDENT'S NAME (First, Middle, Last)			OALL OI	DEATH	2. DATE OF OEATH		3. TIME OF DEATH
		VALLIE LORETTA	MICHAE	L				994	7:15 P M
		4. SOCIAL SECURITY NUMBER		'In yrs. lest birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)
P		218-48-9124		2 YRS.	MONTHS DATS	HOURS MIN.			V.VÁ.
3 should	<u>م</u> ا	9e. FACILITY NAME (If not institution, give s				R LOCATION OF DE	НТА	9c. COUNTY	W-2000
1, 2,	DIRECTOR	Memorial Hospital			Cumber	land		Alle	gany
Pages	HE(10s, STATE 10b, COUNT	Y	10c. CIT	Y, TOWN OR LOCAT	TON			10d. INSIDE CITY LIMITS?
permit. P		MARYLAND ALLI 100. STREET AND NUMBER	EGANY		UMBERLAN				1 YES 2 NO
ne ber	FUNERAL				100	ZIP COOE			OF WHAT COUNTRY?
DZO physician. buńal-transit	I S	506 WHITE AVENUE	12. WAS DECEDENT EVER II	N U.S. ARMED	13, WAS DEC	21502 ENDENT OF HISPAN	IIC ORIGIN? (Specify Ye		RACE — American Indian,
		1 Never Married 2 Married	FORCES? 1 YES		If yes, spi		n, Puerto Ricen, etc.)		Black, White, atc. Specify:
	р ву	3 Widowed 4 Divorced							WHITE
ZTZT if or afte for use a		15. OECEDENT'S EDU (Specify only highest grade	completed)	(Give kind of v life. Do NOT us	USUAL OCCUPATION VORK done during model metired 1	ON st of working	16b. KIND OF BU	ISINESS/INDUST	RY
Spital of the form	PLE	Elementary/Secondary (0-12)	College (1-4 or 5 +)	HOUSE K			ноп	SE KEEP	PER
the hospital or detached for u	COMPLETED	17. FATHER'S NAME (First, Middle, Last)		HOUDE I	DDI DIC	18. MOTHER'S NA	ME (First, Middle, Maiden		EK.
a ge	BE C	JOHN RANKIN				ANNE	SMITH		
retained by 5 should be notified at	0	19a, INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a	nd Number or Rural I	Route Number, City or Tow	vn, State, Zip Cod	
(I) (I)	-	LEONA RICE					CUMBERLAN		
3 8 a C		2 METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Ram 4 Donetion 5 Other (Specify)		PLACE AND DATE Of the left of	ther place)	meol METERY MA		CITM DET	Market and the second
Page al dire		21. SIGNATURE OF FUNERAL SERVICE LI		EASANI C		ID ADDRESS OF FA		CUMBER	RLAND MARYLAND
BALIIN after death. Pag y the funeral di moval. ical examiner		Dale LIV	W.XI				FUNERAL H		
after after by the mova	- 13	23. PART I. Enter the diseases, or	complications that coused	the deeth. Do n	1404 DI	ECATUR S'. de of dying, suc	TREET CUMB	ERLAND	MARY LAND Approximate
T Po		shock, or heert feilure. iMMEDIATE CAUSE (Finel	List only one ceuse on e	ach line.			- Indiana salat.		interval Between Onset and Death
withik pietely fille cremation,		disesse or condition resulting in desth)	е.	Cth=	3				į
		,	DUE TO (OR AS A	CONSEQUENCE OF	F):	helisa			
be executed sician and con rior to burial, traumatic ex	NO.	Sequentielly list conditions,	b. OUE TO (OR AS A	CONSEQUENCE OF		4000			
a cian be	CATION	if sny, leeding to immediate csuse. Enter UNDERLYING	•		, 0				
n certifical inding phy Hygiene or or other	ERTIFI	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF	F):				
ath c	CER	resulting in death) CAST	d						
E SE	AL	PART II. Other significent condition	s contributing to deeth b	out not resulting	n the underlying	g ceuee given in	Pert i. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
3 3/E E	EDIC			1 1	_		1 YES :	2 NO	COMPLETION OF CAUSE OF DEATH?
2 0 5	≥	DID TOBACCO USE	ONTRIBUTE TO	CALISE OF	DEATH V	ES 🗆 NO	X		1 _ YES 2 _ NO
has b Dept	SICIAN:	25. WAS CASE REFERRED TO MEDICAL	CONTRIBUTE TO	CAUSE OF		ACE OF DEATH (Ch			
SICIAN: The certificate he the State I, or item	SIC	EXAMINER? 1 YES 2 NO	HOSPITAL:	petlant 3 DOA	OTHER:		6 Other (Specify)		
OF S PHYSICIA this certif with the	РНУ	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c. INJ		28d. DESCRIBE HOW	INJURY OCCURE	EO
DING PHYS After this death with	BY	1 Natural 5 Pending 2 Accident Investigation			M 1 1	YES 2 NO			
L DR ATTENDING PHYSICIAN: DIRECTOR: After this certifications after death with the Stitlem 28 is marked, or it	ED	3 Suicide 6 Could not be 4 Homicide detarmined	26a. PLACE OF INJURY building, etc. (Spec	cify) A1 home, farm, s	streel, factory, office	•	26f. LOCATION (Street City or Town, State	and Number or R	lural Route Number,
DIR DIR	COMPLETE	29a. CERTIFIER CERTIFYING PAYS	ICIAN: To the best of my brown	1000	data di din da				
関 瀬だ 単	JMP.		ICIAN: To the best of my know ER: On the bests of examination						use(s) and manner se stated.
THE HDSP THE FUNEI filed within	اسا	29b. SIGNATURE AND TITLE OF CERTIFIE	-			29c. LICENSE NUM			GMED (Month, Day, Year)
THE THE De filed IMPOR	0 8		V-Chin	-		D 3676	6	D 51	16/201
رے	F	30. NAME AND ADDRESS OF PERSON WH				01501			
9		Vik Poonai M.D. 31. DATE FILED (Month, Day, Year)			land, MD	21501			
		31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	Rarbell					
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1 - FOR STATE REGISTRAR

		1 - STATE REGISTRAR	STATE OF MA		/ DEPAR					IENTAL HYGIE			
		1. DECEDENT'S NAME (First, Middle, Leel BELVA			MIDDL	ETON				2. DATE OF DEATH MONTH May 12,	1 994	YEAR	TIME OF DEATH 5:00A. M
		4. SOCIAL SECURITY NUMBER		AGE (In yrs.	last birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH			ACE (State or Foreign
should		215-42-4876 9a. FACILITY NAME (If not institution, give	1 M 2 F	71	YRS.			R LOCATIO	N OF DEA	1-19-192		TY OF OEA	Md.
2, 3	10 E	Memorial Hospita	1 & Medical	L Cent	er	Cumb	er1	and			Alle	egany	
Pages 1	DIRECTOR	10a. STATE 10b. COUN	llegany		_	resal						1.	od. INSIDE CITY LIMITS?
permit, Pages 1,		10e. STREET AND NUMBER			1 -	1 00aj		. ZIP CODE			10g. CITIZ		YES 2 NO
pian. -transit	FUNERAL	14113 Royal Oa	k Dr., S.W.		ARMEN	19.9	MS DEC	-	502	C ORIGIN? (Specify		S.A.	- American Indian,
Z15-U0Z0 attending physician se as the burlatura	ВҰ	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 [YES 2	(NO	н	yea, spe		, Maxican.	Puarto Rican, atc.)	rea or No	Specify:	White, atc.
5 6 2	ETED	15. DECEDENT'S EC (Specify only highest gra-			DECEDENT'S (Give kind of life, Do NOT u	work done a	CUPATIO	on st of working	7	16b. KIND OF	BUSINESS/INDU	JSTRY	
AND he hospital detached to since.	COMPL	17. FATHER'S NAME (First, Middle, Last)			Home	maker		18 MOTH	ED'S NAM	Own I			
# 8 % A	BE C	Clifton Skidm	ore					-		Lla Brode	1		
s should	10	19a. INFORMANT'S NAME (Type/Print) Betty Beckman								Cresapt			1502
R) i		20a. METHOD OF DISPOSITION Burial 2 Cremation 3 Re 4 Donation 5 Other (Specify)	moval from State	20b. PLAC cemetery, c	EANDDATE cremetory or c	OF DISPOSI	TION (Na	me of		DATE 20c.	LOCATION — C	City or Town	n, Stata
200 3		21. SIGNATURE OF FUNERAL SERVICE I	LICENSEE	Tros	courg			D ADDRES		5/14 FY	ostbur	g. M	d.
W 10 75		JHN V.	Horn							Home, Fr			d. 21532
g o #		23. PART. Enter the diseases, or ahock, or heert fallure IMMEDIATE CAUSE (Final disease or condition reaulting in death)	a	on each III	ne.	140				INFAR			Approximate interval Between Onset and Death
9 5 g	NC	Sequentially list conditions,	b	AS A CONS	oure	y /	1 Co	1	Vsee	'n			
a cian be	CATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	c.	R AS A CÓNS	EQUENCE 9	P):			4				
ending	CERTIFI	thet initiated events resulting in deeth) LAST	DUE TO (O	R AS A CONS	EOUENCE O	F):							
र बर्क व र	AL	PART II. Other algnificant condition	ons contributing to de	eath but no	t resulting	4	1016	1	Iven In F		AN AUTOPSY ORMEP?	A	PERE AUTOPSY FINDINGS WAILABLE PRIOR TO
equires the signed of Health	MEDIC	3/1-07-1	July 1-1m	<u> </u>	9		Derc		344	1 TES	2 0 NO	۰	OMPLETION OF CAUSE IF DEATH? YES 2 NO
law bept.	IAN:	DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL EXAMINER?		TO CAL	JSE OF		28. PL	ACE OF DE	NO ATH (Chec	ck only one)		Д	
SICIAN: The certificate h the State h	PHYSICI	1 YES 2 NO	1 X Inputiant 2 E		3 DQA					Other (Specify) 28d. DESCRIBE HO	W IN KIRY OCC	TIBEO	
F F F F F F F F F F F F F F F F F F F	BY Pł	1 Natural 5 Pending 2 Accident Investigation	(Month, Day,	Year)	IN.	M	1 Y	PK?		280. DESCRIBE NO	V INJUNY OCC	UNED	
TENDI TOR: A affer d		3 Suicide 8 Could not b 4 Homicide determined	e 28a. PLACE OF I building, at	NJURY — At c. (Specify)	home, lerm,	street, facto	ory, office			28f. LOCATION (Stre City or Town, Sta		or Rural Rou	rte Number,
SPITAL DR AT NERAL DIREC Nin 72 hours NT: If item	COMPLETE	one)	SICIAN: To the beat of m										ind manner as atsted.
TO THE HOSPITAL (TO THE FUNERAL C DE filed within 72 h	TO BE C	29b. SIGNATURE AND TITLE OF CERTIF	Net Net	illey	,			29c. LICE		BER	29d. DATE	SHONED (N	194
, 3	۲	Dr. N. Ranjithan	/				erla	ind,		21502		/	
		31. DATE FILED (MANY DAY VAP)	32. REGISTRAN	SIGNATURE	Parl	Ø .	a						
			7	The state of	" WARE	5							DHMH-16 Rev 1/89

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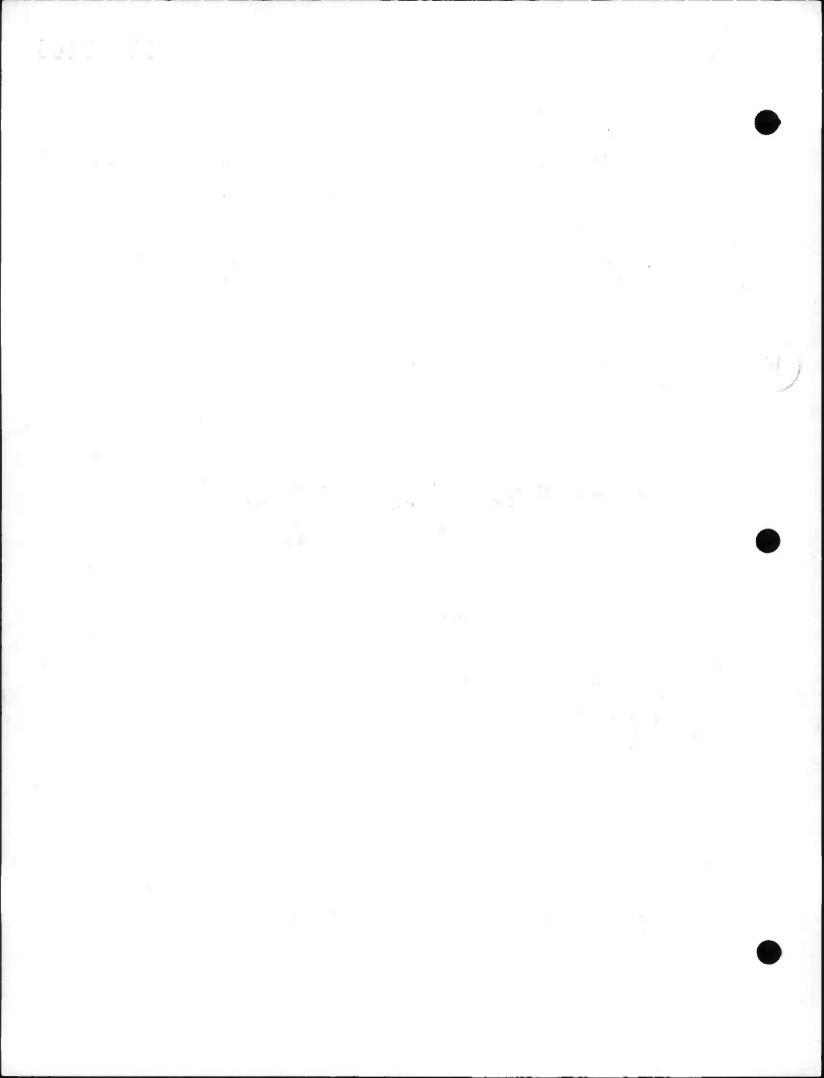
(8	BALTIMORE, MARYLAND 21215-0020	flours after death, Page 6 may be appeared by the hospital or attending physician,	THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should	, or removal.	medical examiner must be notified at once.
	DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2.7 flours after death, Page 6 min. Penge 6 min.	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely fille	be nied within 72 hours after death with the state Dept. Of hearth and mental hygiene phot to bunal, cremation, or removal,	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 STATE	STATE OF M				MENTAL HYGIEN	IE	
	REGISTRAR			IFICATE O		REG. NO		
	1. DECEDENT'S NAME (First, Middle, Last) Mary Virginia	McCord				2. DATE OF DEATH	AY Q'	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER		8. AGE (In yrs. lest birthd			7. DATE OF BIRTH	8.	BIRTHPLACE (State or Foreign
	705-10-8402	1 □ M 2√XF	90 YR:	S. MONTHS DAYS	HOURS MIN.	(Month, Day, Year) 6-13-19		Maryland
~	9a. FACILITY NAME (If not institution, give s				OR LOCATION OF DE	ATH	9c. COUNTY	OF DEATH
Ď.	Egle Nursing F	Home		Lonac	oning		Alle	egany
DIRECTOR	10e. STATE 10b. COUNTY	Y	10c.	CITY, TOWH OR LOC	ATION			10d. INSIDE CITY
	West Va. Mine	eral	C	arpenda	le			LIMITS7
FUNERAL	10e. STREET AND NUMBER				IOI. ZIP CODE		10g. CITIZEI	N OF WHAT COUNTRY?
NER	Route 1				26753		US	A
FU	11. MARITAL STATUS 1 Never Married 2 Married	FORCES? 1	EVER IN U.S. ARMED	13. WAS D	ECENDENT OF HISPAN specify Cuban, Maxica	IIC ORIGIN? (Specify Yes	or No- 14	. RACE — American Indian, Black, White, etc.
ВУ	3 ◯ Widowed 4 □ Divorced	IF YES, GIVE WA	R OR DATES		ES 2 NO Specify			Specify: White
ED	15. DECEDENT'S EDUC		16a. DECEDEN	T'S USUAL OCCUPA	TION	16b. KIND OF BU	SINESS/INDUS	
Ē	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)		of work done during in the of work done during in the original of the original	most of working			
COMPLETED	12		Home	maker		Hom	ie .	
	17. FATHER'S NAME (First, Middle, Last) John Rollins					ME (First, Middle, Maiden		
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAIL	ING ADDRESS (Street		Route Number, City or Tow		oda)
5	Self Thru Pre-	Arrange	ment R			, WV 26		Coo)
	20a. METHOD OF DISPOSITION 1 Durial 2 Cremation 3 Rame	oval from State		TE OF DISPOSITION (DATE 20c. LO	CATION - City	y or Town, State
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC		Sunset		ark	7-14-94 Cui	mberl	and,Maryland
	▶ Ernast a		1	Leas Leas				altimore Av.
				Cumb	perland,	Md. 2150	2	
	23. PART I. Enter the diseases, or c	complications that	ceused the death.					
	IMMEDIATE CAUSE (Finei disease or condition resulting in death)	a. S(05)	on each line.	E OF):		h as cardiec or respi	ratory arreat	Approximeta interval Between Onset and Death
CERTIFICATION	IMMEDIATE CAUSE (Finei disease or condition resulting in death)	a. SCPS) DOE TO (C) DUE TO (C) C 9G) S	e on each line.	E OF):		h as cardiec or respi	ratory arread	interval Between
AL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events	a. S(PS) DOE TO (C	OR AS A CONSEQUENCE OR AS A CONSEQUENCE OR AS A CONSEQUENCE OR AS A CONSEQUENCE	E OF): CCYSTOM E OF): h oper	by tub	Part I. 24a. WAS AN	AUTOPSY	interval Between
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2)215-0020	attending physician.	in use as the burial-transit permit. Pages 1, 2, 3 should	
DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 2) 215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Floring after death. Page 6 may be retained by a manufacture attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should by comment for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARY		TMENT OF I		MENTAL HYGIEN					
Ü,	1. DECEDENT'S NAME (First, Middle, Las	nt)				2. DATE OF DEATH		3. TIME OF DEATH			
0	OMA	A M	ILLER			MAY	7 94	12:47 Pm			
	4. SOCIAL SECURITY NUMBER		E (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	Cour	HPLACE (State or Foreign			
	220 74 0812		$1 \cup M \times X^{F}$ 85 YRS. June 20 08								
œ	9a. FACILITY NAME (If not institution, give	ŕ			OR LOCATION OF DI	EATH	9c. COUNTY OF ALLE				
읽	FROSTBURG I	10SPITAL, IN	C	FRUS	rburg		ALLE	GANI			
DIRECTOR	Md 100. STATE ALL	egany	10c. CIT	Y, TOWN OR LOCA ONACONÍT	ng g		10d. INSIDE CITY LIMITS? 1 YES 2 X NO				
¥	10e. STREET AND NUMBER			10	t. ZIP CODE	10g. CITIZEN OF	WHAT COUNTRY?				
	Charlestown St	•		2	21539		USA	A			
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	B 2 NO	If yes, s	CENDENT OF HISPAP Decify Cuban, Maxica 3 2 NO Specify	NIC ORIOIN? (Specify Yea in, Puarto Rican, etc.) y:	Bie	CE — American Indian, ck, Whita, atc. chy:White			
	15. DECEDENT'S Et (Specify only highest gra	DUCATION Ide completed	18a. DECEDENT'S	USUAL OCCUPATI	ON Columnia	16b. KIND OF BUS	SINESS/INDUSTRY				
	Elamentary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT us	se retired.)	ost or working	Hon	20				
COMPLETED	12) Homema	ker							
BE CO	17. FATHER'S NAME (First, Middle, Last) George S. Mc K	enzie			Annie	ME (First, Middle, Meiden Stark					
2	Mrs. Peggy Hawk	ins	Box 3	19, Rt.	1, Frost	Route Number, City or Tow Lburg, Md. 2	n, State, Zip Code) 11532				
	20e. METNOD OF DISPOSITION 1 Strain 2 Cremation 3 Re 4 Donation 5 Other (Specify)	imovet from State	OS COUTS	Mense Par	k May 1	9,1994 Fr	cation - city or to ostburg	own, Stata ,Md •			
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE			ND AGORESS OF FA		1				
	Jan E	Mikes			om-McKe coning Md	enzie Funer	al Home				
	23. PAST I. Enter the diseases, o shock, or heart fallure IMMEDIATE CAUSE (Final	or complications that cause e. List only one cause on	ed the death. Do reach line.	not enter the me	ode of dying, auc	h as cardiac or reapi	ratory arrest,	Approximata Interval Batween Onset and Death			
	disease or condition resulting in death) SEATIC SIADGL DUE TO (OR AS A CONSEQUENCE OF):										
	DUE TO (OR AS A CONSEQUENCE OF):										
<u>z</u>	Sequentially list conditions, Due to (on as a consequence on):										
¥	If any, leading to immediate cause. Enter UNDERLYING			,							
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H	resulting in death) LAST	· PARICINS									
S	DA DT II. Oak - a tankii saak - a tankii	/									
4	PART II. Other algnificant condition	NISM A	but not resulting	In the underlyin	g cause given in	Part I. 24a. WAS AN PERFOR		b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO			
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	CONGERTIVE	1	ALURE					1 TES 2 NO			
AN	25. WAS CASE REFERRED TO MEDICAL	PY MRTE	Ry DUS	5A55-	LACE OF GEATH (Ch	not only one					
PHYSICIAN:	EXAMINER? 1 YES 2 NO	HOSPITAL:	tpetlent 3 DOA	OTHER:	ne 5 🗆 Residence						
	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIM	E OF 28c. IN.	JURY AT	28d. DESCRIBE NOW I	NJURY OCCURED				
2	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	lm3		YES 2 NO						
- 31	3 Suicida 8 Could not b	28a. PLACE OF INJUR building, atc. (Sp	RY — Al home, farm, s	street, fectory, offic	a .	28t. LOCATION (Street a City or Town, State)	and Number or Rural	Route Number,			
	4 Homicide determined					,					
COMPLETED		YSICIAN: To the best of my kno NER: On the basis of examinati						(a) and menner as stated.			
	29b. SIGNATURE AND TITLE OF CERTIF				29c. LICENSE NUM			D (Month, Day, Year)			
The state											
2 ∦	30. NAME AND AGORESS OF PERSON V						J/ 18 /.	14			
		S.S.ADHU 9	25 BISH	OP WAL	SH RD.,	CUMBERLA	VD, MD	21502			
	31. DATE FILED (MOVID) Day Man)	32. RECHSTRAN'S SIG	. /)	dson	-Nan	dall					
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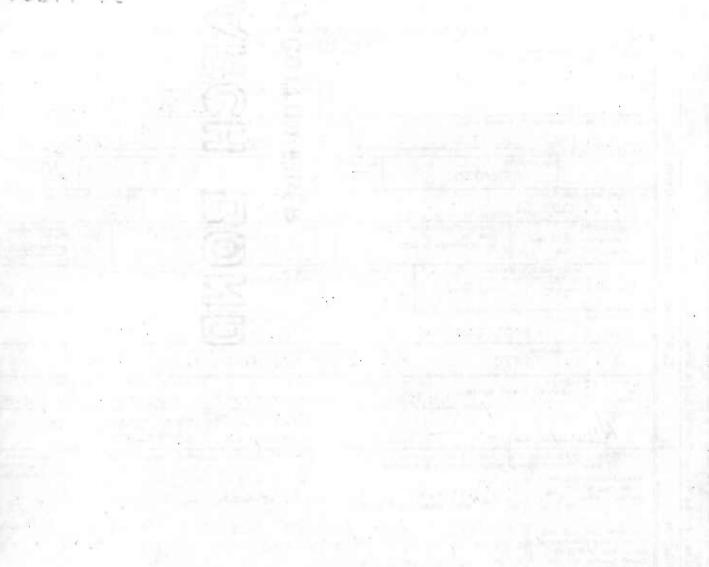


BALTIMORE, MARTINAND 21215-0020	ours after death. Page 6 may be intained by the huspital or attending physician.	filled in by the funeral director, page 5 should be detached for use as the burial-transit ion, or removal.	he medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with ours after death. Page 6 may be many be many the member to attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

permit. Pages 1, 2, 3 should

STATE	0F	MARYLAND	/ D	EPARTMEN	T OF	HEALTH	AND	MENTAL	HYGIENE
			EF	TIFICAT	EO	F DEA	TH		REG. NO.

REGISTRAR		CER	TIFICAT	E OF L	JEATH		REG. NO.			
1. DECEDENT'S NAME (First, Mic			Managara	r 077		2. DATE OF	DA		YEAR	3. TIME OF DEATH
RUTH 4. SOCIAL SECURITY NUMBER	ELIZABETH 5. SEX	8. AGE (In yra. last bir	MINN IF UNDE		IF UNDER 24 HRS.	7. DATE OF	17 BIRTH		94 BURTH	10:05 P
217-10-7095 9e. FACILITY NAME (# not institu	1 🗆 M 2🔭 F	00	YRS. MONTHS	DAYS I	HOURS MIN.	(Month, 1	03		PEN	NSYLVANI
SACRED HEAR	SACRED HEART HOSPITAL								EGA	
PA 10.	BEDFORD	1	Oc. CITY, TOWN		ON					10d. INSIDE CITY LIMITS? 1 YES 2 NO
P. O. BOX	61				15545			US		VHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Mai 3 Widowed 4 Divorced	IF YES GIVE WA	YES 2 NO	D 13.		NDENT OF HISP/ Ity Cuban, Mexic NO Spec	can, Puerto Ric		or No- 1	Black	- American Indian, c, White, etc.
15. DECEDE (Specify only hig Elementary/Secondary (0-12)	DENT'S USUAL Chind of work done NOT use retired.)	during most		18b. K	IND OF BUS	SINESS/INDU	STRY			
	MIDDLETON				16. MOTHER'S N	NAH W				
190. INFORMANT'S NAME (Type/ EARL E. M			O - BO						5 4 5	
20 METHOD OF DISPOSITION 1 ABuriel 2 Cremetion 4 Donetion 5 Other (Spe		20b. PLACE AND cemetery, cremat HYNDMA				OATE		CATION — CI		wn, State PA 15545
21. SIGNATURE OF FUNERAL SI	The same of the sa	IIIIIII				ZEIGL			_	
23. PART I. Enter(th) diser shock, or heer iMMEDIATE CAUSE (Final disease or condition resulting in death)	eses, or omplications that the tellure List only one cause e. One to (constitution)	ceused the death e on eech line.	Н	YNDM	AN, P	A 1	5545	-0636	6	Approximate Interval Between
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BALTIMORE, MARYLAND	un the deam. Page 6 may be retained by the hosp	in by the terminal director, page 5 should be detached removal.	edical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with Anount with one Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the manual director, page 5 should be detached be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	

1	۱ -	FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.
i	1. [DECEDENT'S NAME (First, Middle, Last)		2. DATE OF DEATH

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	1. DECEDENT'S NAME (First, Middle, Last)				N	100F	C		2. DATE OF I	DEATH DA	Y	YEAR	3. TIME OF DEATH
	EVELYN 4. SOCIAL SECURITY NUMBER	I - 05%							MAY	19,	1	994	8:10 PM
	216-22-6750	5. SEX	6. AGE (In yrs. les 82				HOURS	R 24 HRS.	7. DATE OF BIRTH (Month, Day, Year) July 29 19		111	8. BIRTHPLACE (State or Foreign Country)	
	9e. FACILITY NAME (If not institution, give street and number)							9 19					
œ					9b. CITY, TOWN OR LOCATION OF DEATH					9c. COUNTY OF DEATH ALLEGANY			
Ē	Allegany County Nursing Home				CUMBERLAND						AL	LEGA	WY T
<u> </u>	10e. STATE 10b. COUNTY				Y, TOWN O	R LOCAT	TION					T	10d. INSIDE CITY
DIRECTOR	Md Allegany				ikep								LIMITS? 1 YES 2 NO
	10e. STREET AND NUMBER					101	. ZIP COD	E			10g. CIT	IZEN OF W	HAT COUNTRY?
FUNERAL	Rt 36 Box C-6						2154	6			U	S	
5	11. MARITAL STATUS	12. WAS DECEDENT	T EVER IN U.S. AR	MED	13. \	WAS DEC	ENOENT	OF HISPANI	C ORIGIN? (S	ecify Yes	or No—	14. RACE	- American Indian, White, etc.
BY	1 Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES	10	- 1	YES	2 X NO	Specify:	, Puerto Rican	i, etc.)		Spech	
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COMPLETED	15. DECEDENT'S EDU (Specify only highest grade		/G	CEDENT'S ive kind of . Do NOT u	work done o	during mo	ON st of worki	ng	16b. KIN	O OF BUS	INESS/IN	DUSTRY	
1 5	Elementary/Secondary (0-12)	College (1-4 or 5 +)						11	ome			
M	Unknown 17. FATHER'S NAME (First, Middle, Last)			lomem	aker		10. HOT	MED-6 MAN	IE (First, Middle		0		
	George Lewis E	ittinger							et War		,		
BE	19e. INFORMANT'S NAME (Type/Print)		19	b. MAJLING	ADDRESS	(Street a			oute Number, C			n Cordel	
2	Tammy Martin												28532
	20e. METHOD OF DISPOSITION		20b. PLACE	AND DATE	OF DISPOS	ITION /Na	ma of		OATE	20c. LOC	· · ·	City or To	
	1	oval from State	cemetery, cre	matory or o	Hill	Hill Cemetery 5-24-94 Barton, Md.							
	21. SIGNATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY												
	> ///11A	1 80	TAU		I	Boal	Fun	eral	Servi	ce		. M.	,
_	23. PART I. Enter the diseases, or	complications that	caused the de	fith. Do i	not anter	tha mo	de of dy	ing such	. We	or resolu	npor	t, MC	Approximate
	snock, or haart fallura.	Liat only ona cau	se on each line	1.	,		/					1001,	Intarval Between
	disease or condition Prefix to detail Accident										Onset and Daath		
	DUE TO (OR AS A CONSEQUENCE OF):												
_	IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF):												
CERTIFICATION	If sny, laading to immediata OUE TO (OR AS A CONSEQUENCE OFF:												
S	cause. Enter UNDERLYING CAUSE (Disease or injury	с.											
	that initiated events resulting in death) LAST	OUE TO	OR AS A CONSE	DUENCE O	F):								
H	tooling in death) and	d											
	PART II. Other significant condition	s contributing to	death but not i	asulting	in tha un	deriyin	cause	given in P	Part I. 24a	. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINOINGS
EDICAL	_ Multi	nlaut	dement	ra.					_ ,,	PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE
									_ '	/	W. 110	ľ	DF DEATH? 1 YES 2 NO
Σ						-			_				
X I	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					28. PL	ACE OF D	EATH (Chec	ck only one)				
Sign	1 YES 2 NO	HOSPITAL: 1 inpatient 2	ER/Outpatient 3	□ DOA	OTHER	₹: sing Hom	0 5 A	eeldence 6	Other (Sp	ecify)			
PHYSICIAN:	27. MANNER OF DEATH	28e. DATE OF (Month, De		28b. TIM		28c. INJ		- T	28d. OESCRIE		JURY OC	CURED	
ВУ	1 Natural 5 Pending 2 Accident Investigation		,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		М		rES 2	NO NO					
ED	3 Suicide 8 Could not be	28e. PLACE Of building,	F INJURY — At ho	me, ferm,	streat, fecto	ory, offic			281. LOCATIO		nd Numbe	r or Aural A	oute Number,
	4 Homicide determined									,,			
COMPLET	290. CERTIFIER 1 LERTIFYING PHYS	CIAN: To the best of	my knowledge, de	eth occurr	ed at the ti	me, date	end place	, end due t	o the ceuse(e	end men	ner es sta	ted,	
One) 2 MEDICAL EXAMINER: On the beele of exemination end/or investigation, in my opinion, death occurred at the time, date and piece, and due to										due to the	ne ceuse(e)	end menner se stated.	
шШ	29b. SIGNATURE AND TITLE OF CERTIFIE	A / A	/	1			29c. LIC	ENSE NUME	BER	1	29d. DAT	E SIGNED	(Month, Gler, Mier)
00	M/H/(Cariffee 6.0)												
임	30. NAME AND AODRESS OF PERSON WI	O COMPLETED CAUS								- 1		1	77
	DR. V. RANJ				OWN	RO	AD C	UMBE	ERLAN	D ME	21	502	
	31. DATE FILED MONTH. DAY 25 1994 Fine Davidice Nardall												

* COST 1.

3. TIME OF DEATH

REG. NO.

2. DATE OF DEATH MONTH

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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S ATTENDING PHYSICIAN: The	
ATTENDING	
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mc Farland Joseph 5:45A" 29 5 1994 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) 7. DATE OF BIRTH
(Month, Day, Year)
Mar. 22, 1916 IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 214-07-5227 MONTHS DAYS WEST VIRGINIA 1 🕅 M 2 🗆 F 78 be detached for use as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FROSTBURG VILLAGE NURSING HOME DIRECTOR FROSTBURG ALLEGANY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND ALLEGANY FROSTBURG 1 X YES 2 NO FUNERAL 10s. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 100 HONEYSUCKLE LANE 21532 U.S.A. retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ∑ YES 2 ☐ NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married 87 Specify: 3 Widowed 4 Divorced WHITE W.W.II COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp Elementary/Secondary (0-12) College (1-4 or 5+) SILK SPINNER CELANESE CORPORATION 8 notified at once 17. FATHER'S NAME (First, Middle, Lest) 16. MOTHER'S NAME (First, Middle, Meiden Surname) HARRY McFARLAND ANNA LOAR BE 194. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 1206 BERKWOOD RD.-BALTIMORE, MD JUDITH A. MAZZUCA 21237 death. Page 6 may be Pe 20a. METHOD OF DISPOSITION
1X Burial 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State OATE must the funeral director, SUNSET MEMORIAL 4 ☐ Donation 5 ☐ Other (Specify) 5-31-74 PARK CUMBERL'AND examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY GEORGE - UPCHURCH FUNERAL HOME, bachurch 202 GREENE ST., CUMBERLAND, MD 21502 medical 23. PART I. Enter the diseases, or complications that ceused the desth. Do not enter the mode of dying, such as cardiac or respiratory arrest, ehock, or haert failure. List only one cause on sech line. à Approximate filled in i and completely filled to burial, cremation, o **IMMEDIATE CAUSE (Final** Onset and Death event, the disease or condition OUE TO (OR AS A CONSEQUENCE OF): resulting in death) home shows any Injury, or other traumatic MEDICAL CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF) the attending physician a Mental Hygiene prior to If any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS signed by the AMILABLE PRIOR TO orten Disance unt COMPLETION OF CAUSE OF DEATH? 1 - YES 2 NO 1 TYES 2 NO PHYSICIAN: has be Dept. r the State D. 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA **EXAMINER?** OTHER: 1 TES 2 NO ng Home 5 - Residence 6 - Other (Specify) 26a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 27. MANNER OF OEATH 28c. INJURY AT WORK? with . 26d, DESCRIBE HOW INJURY OCCURED marked, Morroral M 1 YES 2 NO BY After ti Accident Accident 28s. PLACE OF INJURY — A1 home, ferm, street, factory, office building, atc. (Specify) 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) 89 COMPLETED DIRECTOR: /
hours after (6 Could not be 4 Homicide 29a. CERTIFIER (Check only 1 💢 CERTIFYING PHYSICIAN: To the best of my knowledge, deeth occurred at the time, data and place, and due to the cause(e) and manner as stated. FUNERAL I within 72 h 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Ybar) BE 21244 31154 0 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) JESUS TAN, M.D. - FROSTBURG PLAZA, FROSTBURG, MARYLAND PZ. REGISTRATE SIGNATURE 31. DATE FILED (Month, Day, Year)

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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OF VI	
NO NO NO	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within or hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direction, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once
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1	FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.
	. DECEDENT'S NAME (First, Middle, Last)		2. DATE OF DEATH

	TEGIOTIFAIT					IOAII					REG. NO.			
į	1. DECEDENT'S NAME (First,	Middle, Last)								2. DATE OF	DA		YEAR 3.	TIME OF DEATH
		AZURAN								1AY 2		94		25 A. M
	4. SOCIAL SECURITY NUMB		5. SEX	8. AGE (In yrs. Ia:		IF UNDER	1 YEAR DAYS	HOURS	24 HRS. MIN.	7. DATE OF (Month, I	Day, Year)		8. BIRTHPLA Country)	ACE (State or Foreign
į	528-16-959		1 M 2 □ F	77	YRS.						28, 1		UT	
æ	ea. FACILITY NAME (if not institution, give street and number)							OR LOCATI	ON OF DE	ATH		9c. COU	NTY OF DEAT	н .
DIRECTOR	602 IOUISIAN AVENUE					CUMBERLAND					ALL	EGANY		
EC.	10a. STATE 10b. COUNTY				Y, TOWN							10	d. INSIDE CITY	
	MD Allegany (Cum	Cumberland						2	LIMITS?	
4	10e. STREET AND NUMBER						10	f. ZIP COO					ZEN OF WHA	T COUNTRY?
띮	602 Louisi	lana A	Avenue					21	502			USA		
FUNERAL	11. MARITAL STATUS	weeks.	12. WAS DECEDEN	TEVER IN U.S. AF	RMED	13.	WAS DEC	ENDENT C	F HISPAN	IIC ORIGIN? (n, Puerto Ric	Specify Yea	or No-	14. RACE Black, W	American Indian,
В	1 Never Married 2\(\) 3 Widowed 4 Divo		IF YES, GIVE V	R OR DATES			1 TYES	2 NO	Specify		an, e.c.,		Specify:	
	15. OEC	EDENT'S EDU			CEDENT'S	USUAL O	CCUPATIO	ON		16b K	IND OF BUS	INESS/INC	whit	e
COMPLETED	(Specify only Elementary/Secondary (0	/ highest grade	College (1-4 or 5	(C	live kind of Do NOT u	work done	during mo	ost of working	ng				,001111	
릴	12	,		.	rpen	ter				,	tes	ktil	e	
Š.	17. FATHER'S NAME (First, M.	iddle, Last)				ini) a rac		18. MOTI	HER'S NAI	ME (First, Mid				
ш	George Maz							Mar	У	(nmn)				
TO B	19a. INFORMANT'S NAME (7)	vpe/Print)		19	b. MAILING	ADDRESS	S (Street I	ind Number	or Rural F	Route Number,	City or Town	n, State, Zip	Code)	
-	Marguerite		Mazaran		60:	2 Lou	uisi	ana i	Aveni	ue Cu				21502
	20a. METHOD OF DISPOSITI	n 3 🗆 Reme	oval from State	20b. PLACE cametery, cri			SITION (N	ame of		DATE			City or Town,	
	4 ☐ Donalion 5 ☐ Other 21. SIGNAPORE OF FUNERA		PENGEE	Sunse		moria				5/31/	Cur	mber]	Land M	D
	ZII. SIGNIZONE UP FONERA	L SERVICE LIC	7 1		11	So	car	sell	i Fi	unera	al Ho	ome		
	Man	07	Z XI	CUR	11	Cı	ambe	erla	nd,	Mary	land	1 2	1502	
	23. PART . Enter the di shock, or he	seases, or co	complications the	t ceused the de	oth. Do	not enter	the mo	de of dy	ing, suct	as cerdle	c or reepl	ratory em	rest,	Approximete Interval Between
	IMMEDIATE CAUSE (Fin													Onset and Death
	disease or condition resulting in death) e. ARTERIOSCLEROTIC HEART DISEASE DUE TO (OR AS A CONSEQUENCE OF):													
	DUE TO (OR AS A CONSEQUENCE OF):													
EDICAL CERTIFICATION	Sequentially list conditions, DIABETES DUE TO (OR AS A CONSEQUENCE OF):													
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Ĕ	CAUSE (Disease or inju that initiated events		DUE TO	(OR AS A CONSE	OUENCE O	F):								
E	resulting in deeth) LAS		d											
	PART II. Other eignifice	nt condition	e contributing to	deeth but not	resulting	In the un	derivin	O COUSE O	alven in i	Part I 2	4a. WAS AN	ALITOPSV	24h WE	RE AUTOPSY FINDINGS
3							,	y couce ;	g		PERFOR	MED?	AM	WILABLE PRIOR TO
	COPD HYPERTENS	CONT	<u> </u>						-	1	YES 2	NO NO	OF	DEATH?
Σ	THENTENS	LON											1	YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO	MEDICAL			-		28. PI	LACE OF D	EATH (Che	ack only one)				
S	EXAMINER?		HOSPITAL:	ER/Outpatient 3	DOA	OTHER		10 5 Re	sidenca	6 Other (S	Specify)			
Ě	27. MANNER OF DEATH		28a. DATE OF (Month, C		28b. TIM	E OF JURY		URY AT			RIBE HOW II	JURY OC	CURED	
BY		Pending investigation	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	M	1 🔲		ON					İ
	3 Sulcide 6	Could not be	28s. PLACE C building,	F INJURY - At he atc. (Specify)	ome, larm,	atreel, fact	ory, offic	a			ON (Street a Town, Stata)	nd Number	or Rural Route	Number,
		dalarmined												
COMPLETED			CIAN: To the best of											
Š	one) I MEDI	CAL EXAMINE	R: On the basis of a	xamination and/or	Investigation	on, In my o	pinion, d	leath occur	red at the	tima, data an	d placa, an	d dua lo th	na cause(a) an	d manner as stated.
ш	296. DIGHATURE AND TITLE	OF DENTIFIER	//			7		29c. LICE	ENSE NUM	IBER		29d. DAT	E SIGNED (Mo	onth, Day, Year)
TO B	Va	1 /	4					D091	L <u>5</u> 7			> 5	/27/9	4
- [30. NAME AND ADDRESS OF													
	DR. PAUL SI	NOW D	PTY MED	EX; 124	W 3R	DST	; CI	MBER	LAND	, MD	21502			
	31. DATE FILED (Month, Day.	1994	32. REGISTRA	AR'S SIGNATURE	er.									
	-	.001	/		-									
														DHMH.16 Day 1/90

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ITEM: 4. PER F.H. FILM G-715 9/2/94 t.t

1 - FOR STATE OF MARYLAND / REGISTRAR

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with a fours after death. Page 6 may be retained by the intending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

Joseph Leite 4. SOCIAL SECURITY NUMBER 217-12-1835 217-12-1835								OF DEATH			3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER							Ju	re 1,	19	94	
	1 💢 M 2 🗆 F	6. AGE (In yrs. last to 71	YRS. IF UNDE	DAYS	IF UNDER	24 HRS. MIN.	7. DATE (Mont	OF BIRTH	1923	8. BIRTHP Country May	LACE (State or Foreign
99. FACILITY NAME (If not institution, g 19801 New Ham	opshire Ave	•	9b. CIT	96. CITY, TOWN OR LOCATION OF DEATH Brinklow				9c. COUNTY OF DEATH Montgomery			
RESIDENCE OF DECEDENT 10a. STATE 10b. COM			10c. CITY, TOWN OR LOCATION Brinklow								10d. INSIDE CITY LIMITS? 1 YES 2 Y NO
100. STREET AND NUMBER 19801 New Hamps	7	10f. ZIP CODE 2 0 8 6 2 EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC, If yes, specify Cuber, Mexican, 1 □ YES 2 (\$\frac{1}{2}\$ NO Specify:			52		10g. CITI		HAT COUNTRY?		
11. MARITAL STATUS 1 Never Married 2 X Married 3 Widowed 4 Divorced	EVER IN U.S. ARME YES 2 NO AR OR DATES				CENDENT OF HISPANIC ORIGIN? (Specify Yes decify Cuben, Mexican, Puerto Rican, etc.)			or No—			
15. DECEDENT'S (Specify only highest of Elementary/Secondary (0-12)		(Give	DENT'S USUAL (kind of work done to NOT use retired. AGRONON	during mo	ON ost of working	g	168	Che	siness/ind	USTRY	
17. FATHER'S NAME (First, Middle, Last, John N. New			rigitorion	100.0	18. MOTH			Middle, Meiden E. Le	Surneme)		
190. INFORMANT'S NAME (Type/Print)	201101 3/1.	19b. I	MAILING ADDRES	SS (Street I	and Number					Codel	
Anna W. Newcome	ス		9801 Ne								0862
20s, METHOD OF DISPOSITION 1 Deuriel 2 Cremation 3 1 4 Donation 5 Other (Specify)	Removal from State	20b. PLACE AN	DDATE OF DISPO	SITION (N	ame of		OAT	E 20c. LO	cation -	City or Tow	rn, State
21. SIGNATURE OF FUNERAL SERVICE	L. Nas	-	1			Section 2	Hom	e 125	25 BA	ıadbu	ry Ave. d. 21783
23. PART I. Enter the diseases, ehock, or heart felit iMMEDIATE CAUSE (Final disease or condition resulting in desth)	ure. List only one ceus	se on each line.									Approximata intervai Betwe
ehock, or heart felit iMMEDIATE CAUSE (Final disease or condition resulting in desth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. No. DUE TO (Caused the deat se on each line. HOLG OR AS A CONSECU- OR AS A CONSECU- OR AS A CONSECU- OR AS A CONSECU-	KIN'S PENCE OF): Ly MU TENCE OF):	1.	7 179						Approximata intervai Betwe
ehock, or heart failt iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if arry, leading to immediate sause. Enter UNDERLYING CAUSE (Disease or injury	a. No No DUE TO (OR AS A CONSEQU	KIN'S ENCE OF): LY ACU ENCE OF):	L. Res	7 119	tro r	V		AUTOPSY TMED?	24b.	Approximate interval Betwee Onset and Date on the Approximate of the A
ehock, or heart failt iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions 25. WAS CASE REFERRED TO MEDICA	a. NOA DUE TO (b. DUE TO (c. DUE TO (d. Itlons contributing to (OR AS A CONSEQU	KIN'S IENCE OF): JENCE OF): Builting in the u	La Restriction inderlyin	7 119	the F	Part i.	24a, WAS AN PERFOR	AUTOPSY TMED?	24b.	Approximate interval Betwee Onset and Das On
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ATTENDING PHYSICIAN: The law B

	und the detection for use as the burial-transit permit. Pages 1, 2)	ed at once.	
IN THE HOSTINE OF ALL PRINCIPLE THE PRINCIPL	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 showing a detection as as the burial-transit permit. Pages 1,	be filed within 72 hours after death with the State Dept. of Health and Mental Hygliene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPLETED

BE 2 27, MANNER OF DEATH

1 Natural

2 Accident

3 Suicide

4 Homicide

5 Pending Investige

8 Could not be

DIRECTOR

FUNERAL

BY

COMPLETED

											91	1 1/2/2
FOR STATE REGISTRAR		STATE OF N					HEALTH DEAT		MENTAL HYGIEN REG. NO.	E		
1. DECEDENT'S NAME (First, MARY		JGHLIN	O'BRYE	EN					2. DATE OF DEATH MONTH MAY 31	19	94	3. TIME OF DEATH 12 Noon M
4. SOCIAL SECURITY NUMBER 476-16-6		5. SEX 1 M 2 K F	a. AGE (In yrs. let		IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year) 4/13/1923		8. BIRTH Countr	IPLACE (State or Foreign
9a. FACILITY NAME (If not in	stitution, give s	treet and number)			9b, CITY	, TOWN	OR LOCATIO	ON OF DE	EATH	9c. COL	NTY OF D	
14400 Water	c Comp	any Road			Ca	scac	le			Wash	ningt	on
RESIDENCE OF DEC										1		
			r, town o		TION					10d. INSIDE CITY LIMITS? 1 YES 2 NO		
10e. STREET AND NUMBER						10	I. ZIP CODI	E		10g. CI	IZEN OF	WHAT COUNTRY?
14400 Water	r Comp	any RD					217	19		M	USA	1
11. MARITAL STATUS 1 Never Married 2 3 Wildowed 4 Divo		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2		13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 YES 2 NO Specify: White, stc. Specify: White				k, White, atc.			
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 16e. OECEDENT' (Give kind or life. Do NOT 2 Homema			live kind of Do NOT u	work done se retired.)	CCUPATIO during mo	ON ost of workin	ng .	Own Ho		DUSTRY		
17. FATHER'S NAME (First, M	liddle, Last)						18. MOTI	HER'S NA	ME (First, Middle, Maiden	Surname)		
Owen Leo M	cLaugh	lin						Ade1	line Z. Zir	nghe:	Ĺm	
19a. INFORMANT'S NAME (ype/Print)		-19	b. MAILING	ADDRES!	S (Street a	and Number	or Aural	Route Number, City or Tow	n, State, Z	ip Code)	
Mary Kay H	ogan,	III		3301	Carr	oll	AVE	O	wnings Mil	ls.	MD 2:	117
20e_METHOD OF DISPOSIT 1	n 3 X Rem	oval from State	206. PLACE of cemetary St Ma	ANO OAT	y or other p	olace) letei	CV		6/6 Fai	irfie	eld.	PA
21. SIGNATURE OF FUNERA	L SERVICE LIC	CENSEE			22.	NAME A	NO ADDRE	SS OF FA	Grove I	une	cal F	Iome, Inc.

50 S. Broad ST, Waynesboro, PA 17268

28d. DESCRIBE HOW INJURY OCCURED

281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory strest, Approximate shock, or heart failure. List only one cause on each line. **Onset and Death** IMMEDIATE CAUSE (Final disease or condition___ Mefertada andone hos resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 | YES 2 | MO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF OEATH (Check only one) HOSPITAL: OTHER:
4 | Nursing Home 5 | Residence a | Other (Specify) 1 YES 2 NO tient 2 - ER/Outpetient 3 - DOA

29a. CERTIFIER (Check only	1 CERTIFYING PHYSICIAN	To the best of my knowledge, death occurred at the	e time, date and place, end due	to the cause(s) end manner as stated.

28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)

28b. TIME OF INJURY

2 MEDICAL EXAMINER: On the besis of examination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.

28c. INJURY AT WORK?

1 YES 2 NO

SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NUMBER	29d. DATE SIGNED (Month, Day, Yes
Muchael J.	melound	MO.	041667	16.1.94

	1.	1/1/		,		
30. NAME AND ADDRESS OF PERSON WHO	COMPLETEO CAUSE OF DEATH (ITEM 2:	7) (Type, Print)				
Michael J.	McCorrack	1799	to well	Rd.	Hesershow	no 21745
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE					

28a. OATE OF INJURY (Month, Day, Year)

160, BALLIMORE, MARYLANI	ed within 24 hours after death. Page-6-may be retained by the hos	ompletely filled in by the fuoeral director, page 5 should be detache al, cremation, or removal.	event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68/60,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Payers-may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fugeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - REGISTRAR CERTIFIC	ATE OF DEATH	REG. NO.	
	1. OECEDENT'S NAME (First, Middle, Last)		2. DATE OF DEATH	3. TIME OF OEATH
	Howard Allen Palmer, Jr.			994 3:20 R.M
		UNDER 1 YEAR IF UNDER 24 HRS.		D. BIRTHPLACE (State or Foreign
	214-42-9050 1x 2 49 YRS.	THE DAYS HOURS MIN.	(Month, Day, Year) Nov. 26, 1944	Md.
~		CITY, TOWN OR LOCATION OF DE		Y OF OEATH
5	8421Langmaid Road	Newark		Worcester
S		OWN OR LOCATION		10d, INSIDE CITY
DIRECTOR	W.3			LIMITS?
	MO Worcester New	10f. ZIP CODE	10a, CITIZE	1 YES 2 NO
FUNERAL	8421 Langmaid Road	21841		- 1/2 1/2 2
5	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMEO	13. WAS DECENDENT OF HISPAN	IIC ORIGIN? (Specify Yea or No	U.S.A 4. RACE — American Indien,
BY F	1 Never Married 2 X Merried 3 Widowed 4 Divorced FORCES? 1 YES 2 XNO IF YES, GIVE WAR OR DATES	If yes, specify Cuben, Mexica 1 YES 2 NO Specify	n, Puerto Rican, etc.)	Specify: White
	15. OECEDENT'S EDUCATION 16s. DECEOENT'S USU	IAL OCCUPATION	16b. KIND OF BUSINESS/INDU	
COMPLETED	(Specify only highest grade completed) (Give kind of work Elementary/Secondary (0-12) College (1-4 or 5+) (Give kind of work itte. Do NOT use re	done during most of working fred.)		
MPI	11 Mechini	st	Moore Busin	ness Forms Co
00	17. FATHER'S NAME (First, Middle, Last)	18. MOTHER'S NA	ME (First, Middle, Meiden Surname)	
BE	Howard A. Palmer, Sr.	Virgin	ia S. Palmer	
5			Route Number, City or Town, State, Zip C	111
Ì	Jan C. Palmer 8421	Langmaid Rd.	, Newark, Md.	
	20a. METHOD OF DISPOSITION 1 St Burlet 2 □ Cremetion 3 □ Removal from State 4 □ Donation 5 □ Other (Specify) □ BOWEN CE		OATE 20c. LOCATION - CH	
	21. BIGHATURE OF FUNERAL SERVICE LICENSEE	INECETY 22. NAME AND ADDRESS OF FAC		k, Md.21841
	Fatricia d- Dennis		neral HOme,Sr	now Hill,Md.
	23. PART I. Enter the diseases, or complications that caused the death. Do not on the complete of head fellows in the complete of the complete	enter the mode of dying, such	n as cardiac or respiratory erres	et, Approximate
	shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel			Interval Between Onset and Death
	disease or condition resulting in death) a. MYOCARDIAL FAIL. OUE TO (OR AS A CONSEQUENCE OF):	IRE		IMENATE
	4			
S O	Sequentially list conditions, OUE TO (OR AS A CONSCOURACE OF):			SEVERAL YES
CERTIFICATION	cause. Enter UNDERLYING			
띮	CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):			
ᇤ	resulting in death) LAST			
	PART II Other significant conditions and the first of the			
DICAL	PART II. Other significant conditions contributing to death but not resulting in the	e underlying ceuse given in	Part I. 24a. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
ă	ASTHMA		1 □ YES 2 📜 NO	COMPLETION OF CAUSE OF DEATH?
Σ			_	1 TYES 2 NO
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL			
泛	EXAMINER? HOSPITAL: OT	26. PLACE OF DEATH (Che HER:		
Ĭ	1 D Y Y ES 2 NO 1 I npertent 2 ER/Outpattant 3 DOA 4 E 27. MANNER OF DEATH 28e. DATE OF INJURY 28b. TIME OF	Nursing Home 5 Residence	8 Other (Specify) 28d. DESCRIBE HOW INJURY OCCU	nen.
	1 Netural 5 Pending (Month, Day, Year) INJURY	WORK? M 1 YES 2 NO	200. DESCRIBE NOW INJURY OCCU	HED
BÁ	2 Accident Investigation 3 Suicide 8 Could not be 28e PLACE OF INJURY — At home, farm, street		281. LOCATION (Street end Number or	Rural Route Number
COMPLETED	4 Homicide determined building, atc. (Specify)		City or Town, State)	
2	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at	the time, date end piece, end due	to the cause(s) end manner as stated	
ŏ.	one) 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in			
BE 0	296. SIGNATURE AND TITLE OF CERTIFIER	29c. LICENSE NUM	BER 29d. DATE S	SIGNED (Month, Day, Year)
TO B	Smothy C. Holeworth M. J.	2013	241 > 5	24-94
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Prin)	SHOW HILL, A	
	DOROTHY C. HOLZWORTH ZO	3 SNOW ST.	SHOW HILL X	10. 21863
	31. DATE FILEO (MONTO, Day, 1601) MAY 2, 7 1994 32. REDISTRAR'S SIGNATURE John Danson Render		, ,	
φ	mn 6 (1997)			

BALTIMORE, MABYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO RE COMPLETED BY FLINEBAL DIDEC	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
to funeral director, page 5 should be detached for use as the burial-transit permit. Pages al.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detected for use as the burial-transit permit. Pages be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
r death. Page 6 may larmanned by the hospital or attending physician.	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be manned by the hospital or attending physician.

	1 - STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.						
	1. DECEDENT'S NAME (First, Middle, Last) Henry	С.	Par	ratore		MONTH 31	"1994 ^{EAI}	3. TIME OF DEATH 1000
		1⊠M2□F 72	YAS. MON	ITHS DAYS		7. DATE OF BIRTH 9. (Month, Day, Year)		RTHPLACE (State or Foreign untry)
TOR	Calvert Memor	9e. FACILITY NAME (If not Institution, give street end number) Calvert Memorial Hospital Prince Frederick RESIDENCE OF DECEDENT						
DIRECTOR	10e. STATE 10b. COUNTY	STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION						10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER 470 West Dare	Dares Beach Road 20678						1 Tes 2 Tho F WHAT COUNTRY? d States
11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify 1					C ORIGIN? (Specify Yee Puerto Rican, atc.)	or No 14, R.	ACE — American Indian, lack, White, etc.	
					16b, KIND OF BUS	SINESS/INDUSTRY	Υ	
OMP	17. FATHER'S NAME (First, Middle, Last)		Truck D		16. MOTHER'S NAMI	Trans	portat	tion
BE	Joseph Parrate 190. INFORMANT'S NAME (Type/Print)	ore	19b. MAILING ADD	ORESS (Street and	Number or Burel Bo	ine Pigi	n State 7/n Code	1
٩	Lena Parratore 20. METHOD OF DISPOSITION		470 We	st Dar	es Bea	ch Rd. P	rince	Frederick
	1 Deurel 2 Cremetion 3 Remon	val from Stata ceme	PLACE AND DATE OF DI etery, crematory or other p ryland V	eterar	is ELAL	94 terychel	tenhar	n Town, State
	BROW	MOC)	/	22, NAME AND	ADDRESS OF FACI	Rausch	Fune	ral Home
TION	shock, or haart fallura. List only one cause on aach ilna. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):						Approximete Interval Between Onset and Death	
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):					
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part II. PART II. Other significant conditions contributing in the underlying cause given in Part II. PART II. Other significant cond					24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		HER:	5 Residence 8			
ву РНУ	27. MANNER OF DEATH 1 Natural 5 Pending Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY		IY AT	28d. DESCRIBE HOW II	YJURY OCCURED	
	2 Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE OF INJURY building, atc. (Speci	— At home, farm, street	I, factory, office	1	281. LOCATION (Street a City or Town, State)	and Number or Rur	ral Route Number,
COMPLETED		IAN: To the best of my knowle						se(e) end menner ex stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	thurs)		2	9c. LICENSE NUMB	F4357	29d. DATE SIGN	NEO (Month, Day, Year)
10	30. NAME AND ADDRESS OF PERSON WHO Dr. Muke	sh Mathu	TH (ITEM 27) (Type, Print	0	Prince	Frederi	ck, MI	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA	TURE					

P1214

V

1 - STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	HEGISTHAH		CERTIF	ICALE O	F DEATH	REG. NO),	
	1. DECEDENT'B NAME (First, Middle, Lest)					2. DATE OF DEATH	MY YEAR	3. TIME OF DEATN
		V. Parra				-	MY 1994 YEAR	0035 M
			(In yrs. last birthday)	IF UNDER 1 YEAR		7. DATE OF BIRTN (Month, Day, Year)	Cour	NPLACE (State or Foreign try)
- 4	3/3 43 443/	1 🗌 M 2 💢 F	76 YRS.			May 20, 1	1918 M	laryland_
œ	9e. FACILITY NAME (If not institution, give stre	,	0		N OR LOCATION OF DE		9c. COUNTY OF	
0	Calvert Memori	al Hospit	al	Princ	ce Frede	rick	Calve	rt
EC	10e. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LO	CATION			10d. INSIDE CITY
DIRECTOR	Maryland C	alvert	H	untingt	own			LIMITS?
	10e. STREET AND NUMBER				10f. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?
ER/	2740 Ponds Wood	Rd.			20639		USA	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED		ECENDENT OF NISPAN	IIC ORIGIN? (Specify Ye		CE — American Indian, ck, White, etc.
	1 Never Married 2 Married	FORCES? 1 YES	DATES		specify Cuben, Mexica ES 2 NO Specify			city:
ВУ	3 X Widowed 4 Divorced							Black
TED	15. DECEDENT'S EDUCA (Specify only highest grade of	ATION completed)	16e. DECEDENT'S (Give kind of	WSUAL OCCUPA work done during se retired.)	TION most of working	16b. KIND OF BU	ISINESS/INDUSTRY	
LET	Elementary/Secondary (0-12)	College (1-4 or 5+)	Domest					
COMPL	17. FATNER'S NAME (First, Middle, Last)		Domesi					
	Samue1	Brooks				ME (First, Middle, Maiden		
BE	19e. INFORMANT'S NAME (Type/Print)	BLOOKS	405 4441 114		Mary		ight	
2	Vivian Brooks					Route Number, City or Tox		10
		120	b. PLACE AND DATE			Baltimore	CATION - City or	
	20a. METHOD OF DISPOSITION 1 A Buriel 2 Cremetion 3 Remove 4 Donetion 5 Other (Specify)	val from State	metery, crematory or o	ther place)				
á	21. SIGNATURE OF FUNERAL SERVICE LICE		Tuil Potni		r. Cem. 5		Huntingt	
	0.	< 0	~ 01			seweT	1 Funera	
	spencer	c, seu	3-6XK					d.,MD 20678
	23. PART i. Enter the diseasee, or co ehock, or heart feiture. Li	emplications that cause ist only one cause on	ed the death. Do i	not enter the i	mode of dying, auc	h ea cardiac or rasp	piratory arrest,	Approximate interval Between
- 1	IMMEDIATE CAUSE (Final	Λ	- 0		0	0 ,	-	Onset and Deeth
]	disease or condition resulting in death)	Heul	e IVI	yo ca	edial	Infar	.clin	
		DUE TO (OR AS	A CONSEQUENCE O	F(:)	2 9 0 2	200	0 0,00	10 Deyx
ON	Sequentially list conditions, b.	DUE 70 (OR AS	A CONSEQUENCE O		reery	100		10 %
F	if any, leading to immediate cause. Enter UNDERLYING	DOE TO (ON AS	A CONSECUENCE O	r):	/			
CERTIFICATION	CAUSE (Disease or injury that initiated events	DUE TO (OR AS	A CONSEQUENCE O	F):				
E	resulting in death) LAST							
8								
A	PART II. Other significent conditions		but not resulting	in the underly		Part i 24a. WAS AN PERFO		b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
EDICAL		enal 1-			army	1 TYES	2 THO	COMPLETION OF CAUSE OF DEATN?
ME	Hypertenin		nellil		V			1 YES 2 NO
	DID TOBACCO USE C	ONTRIBUTE TO	CAUSE OF	DEATH	YES NO			
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			PLACE OF DEATH (Ch	ack only one)		
\S	1 VES 2 NO	1 Dispatient 2 - ER/Out	tpetient 3 🗆 DOA	OTHER: 4 Nursing H	ome 5 - Reeldence	6 Other (Specify)		
PHY	27. MANNER OF DEATH 1 Nitural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)			INJURY AT WORK?	28d. DESCRIBE HOW	INJURY OCCURED	
BY	1 Natural 5 Pending 2 Accident investigation				YES 2 NO			
ED	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, etc. (Spi	IY — At home, ferm, ecify)	street, fectory, o	ffice	281. LOCATION (Street City or Town, State,		Route Number,
	Tomicos Getermined							
7		IAN: To the best of my know	wiedge, death occurr	ed at the time, d	ate end place, end due	to the cause(e) end ma	nner ee stated.	
COMPL	one) 2 MEDICAL EXAMINER	On the beele of examination	on end/or investigation	on, in my opinior	i, death occured at the	time, date and place, er	nd due to the ceuse	(e) end menner ee stated.
u I	29b. SIGNATURE AND TITLE OF CERTIFIER	~		0.0	29c. LICENSE NUM	BER	29d. DATE SIGNE	P (Month, Day, Yeer)
OB	ATMUND. M	1) all	endig (Those	-1019.	727	> 2	21154
F	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF D	EATN (ITEM 27) (Type	Print				- /
				V				
	A. T. Munshi,			V	Prince Fr	ederick. M	ſD	
	A		NATURE	V	Prince Fr	ederick, M	MD	

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

MABY AND 21215-0020

BALTIMORE,

DHMH-16 Rev 1/89

ohysician.	burial-transit permit. Page		
be retained by the house of any adding p	tge 5 should be designed for use as the I)	be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the hours after death. Page 6 may be retained by the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be designed by the true as the	cremation, or removal.	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notify
hat the death certificate be executed v	1 by the attending physician and comp	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ny injury, or other traumatic evi
DING PHYSICIAN: The law requires the	After this certificate has been signed	death with the State Dept. of Health	marked, or item 23 shows an
TO THE HOSPITAL OR ATTEN	TO THE FUNERAL DIRECTOR:	be filed within 72 hours after	IMPORTANT: If Item 28 Is

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF OEATN MONTH 3. TIME OF DEATN DENALD YALWE Donald T. Payne 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTIN
(Month, Day, Year)

5 - 3 - 5 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 2 1 W M 2 - F 40 9b. CITY, TOWN OR LOCATION OF DEATH MbRid FUNERAL DIRECTOR HOSP orchester 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? 1 YES 2 NO d 10e, STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? TREET 61 и. S, 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VES 2 100 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No-If yea, specify Cupin, Maxican, Puerto Rican, etc.)
t YES 2 NO Specify: 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 1 Never Married 2 Married BY S.A. 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work life. Do NOT use re-College (1-4 or 5+) =Rade 1 WORK examiner must be notified at once. 18. MOTHER'S NAME (First, Middle, Maid 17. FATHER'S NAME (First, Middle, Last) RNest BE 19a. INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Stree BRadford Route Number, City or Town, 701-Race 2 ambridge, Md 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of Burlet 2 - Cremetion 3 - Res Cemetery of ONC 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 2 Md. hington the medicai 23. PART / Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such Approximate shock, or heart failure. List only one cause on each line. Interval Between Congestive Heart Failure Onset and Death IMMEDIATE CAUSE (Final diseese or condition resulting in death) HEART FAILLORE DO 655TIVE 12/105 event, DUE TO (OR AS A CONSEQUENCE OF) Undifferentiated Carcinoma UNDIFFERENTIATED CARCINOMA LINKOLOWING 23 shows any injury, or other traumatic MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause, Enter UNDERLYING CAUSE (Diseese or Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in deeth) LAST PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24a, WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? Malnutrition MALWOTRITION 1 TYES 2 THO 1 YES 2 NO PHYSICIAN: DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO D 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATN (Check only one) Hem ? HOSPHAL: OTHER 1 TES 2 THO DOA 0 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 26c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED 28b. TIME OF marked, 1 Natural t TYES BY 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Sulcide 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Nomicide 29a, CERTIFIER 1 D CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred et the 2 MEDICAL EXAMINER: On the and place, and due to the cause(a) and manner as stated 29b. SIGNATURE AND TITLE OF CERTIFIER 29¢ LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) Craig Caldwell B 6 Well (000000000 CAUSE OF DEATH (ITEM 27) (Type, Print)

ZAURORA

32. REGISTRAR'S SIGNATURE

Talia Stander Rardall

31. DATE FILED (Month, Day, Year)

2 6 1994

MBRIDGE

01331 12

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FOR

	1 - STATE REGISTRAR	SINIE OF	C	ERTIF	ICATE	OF I	DEAT	TH	MENIA	REG. NO.	E			
	1. DECEDENT'S NAME (First, Middle,	Last)							2. DATE	OF DEATH	IV.	YEAR	3. TIME OF DEATH	
	Milton 1	Piper							5	2		94	452	Рм
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. Is		IF UNDER 1	_	IF UNDER			OF BIRTH	•	8. BIRTH Countr	PLACE (State or Fore	nign
	217-20-702	6 1 1 M 2 □ F	68	YRS.	MONTHS E	DAYS	HOURS	MIN.	3	117/2	5	Pen	" nsylvania	a
	9a. FACILITY NAME (If not institution,	give street and number)			9b. CITY, T	OWN O	R LOCATIO	ON OF DE	ATH			JNTY OF D	EATH	
OR	Univ. of Mar	yland Hosp	ital		Balti	comi	ce				Ci	ty		
5	RESIDENCE OF DECEDEN			100 017	Y, TOWN OR	LOCATI	ON						10d. INSIDE CITY	=
E	Maryland	Harfor	d		re de								LIMITS?	.
7	10e, STREET AND NUMBER	narior	u	mav.	re de		ZIP CODE	-	_		10a CD	TIZEN OF V	1 TYES 2 YEAN	°
RA	33 Robin Hoo	beog 5				10	210					U.S.		- 1
FUNERAL DIRECTOR	11. MARITAL STATUS		INT EVER IN U.S. A	RMED	13. WA	S DECE	_		IC ORIGI	N? (Specify Yas				
F	1 Never Married 2 Married	FORCES?	1 X YES 2 WAR OR DATES		lf y	res, spe	cify Cubs	n, Maxicai Specify	n, Puerto	Rican, atc.)	0. 110	Speci	— American Indian c, White, atc.	·
ВУ	3 Widowed 4 Divorced	WW II &			1 '		AM	Openy	•				ite	
COMPLETED	15. DECEDENT'S (Specify only highest		16a, D	ECEDENT'S	USUAL OCC	UPATIO	N it of workin	NT .	168	, KIND OF BUS	SINESS/IN	DUSTRY		
	Elementary/Secondary (0-12)	College (1-4 or 5	(+)		work done dur se retired.)									
MP	6	0	неа	ivy E	quip.	Upe				Const		ion		
8	17. FATHER'S NAME (First, Middle, La	4)								Middle, Meiden				
BE	Harry Piper									itchel				
2	19a. INFORMANT'S NAME (Type/Print									ber, City or Tow			21070	
. 1	Mrs. Ruth Pi	ber			_			л, п		de Gr			21078	-
	1X Burial 2 - Cremation 3 -				of disposition of the place in the control of the c			ona	6/			- City or To	aryland	- 1
	4 ☐ Donation 5 ☐ Other (Specify, 21. SIGNATURE OF FUNERAL SERVI		maric	old M			-	SS OF FAC		3 AUE	Tuee	11, L10	arytanu	
	N X	1.	1 . 1.	- 10	. Ta	arr	ing-(Cargo	o Fu	neral	Home	, P.	Α.	
	Dursten	Mayo	ingu	OKI					_	nd 21				
	23. PART I. Enter the diseases shock, or heart fall	, or complications th lure. List only one ci	nat caysed the d nuse on each lin	eath. Do	not enter th	ne mod	de of dy	ing, suci	h as can	dlec or respi	ratory a	rrest,	Approximat interval Bet	
	IMMEDIATE CAUSE (Final Death													
	resulting in death)	a. /ce	curre	nt	Vent	210	ular	10	chy	cardi	4		50 m	10
_		Parla	able	V I	H-):	A		4 4	· —	nterc	1		01	
CERTIFICATION	Sequentielly list conditions,		O (OR AS A CONSE	OUENCE O	F):	140	car	dial		nrinc	TIN		0 no	Urs
Ä	if any, leading to immediate cause. Enter UNDERLYING													
트	CAUSE (Disease or Injury that initiated events	DUE TO	O (OR AS A CONSE	OUENCE O	F):									
토	resulting in death) LAST	d												
	PART II. Other significent con	ditions contribution t	o death but not	reculting.	In the read	n alsolas a	ANTERIO	tion la	D L					
PHYSICIAN: MEDICAL		alvre	o deetii but iiot	resumny	in the unge	eriying	cause (given in	Part I.	24e. WAS AN PERFOR	MED?	246	WERE AUTOPSY FINI AVAILABLE PRIOR TO COMPLETION OF CA	0
	T-COP 1	lilvre							—	1 XYES 2	□ NO		OF DEATH?	USE
Σ									_				1 TYES 2 NO	ì
AN	25. WAS CASE REFERRED TO MEDIC	AL I				28 DI	ACE OF D	EATH (Che	nok onto a					-
<u>iii</u>	EXAMINER?	HOSPITAL:	☐ ER/Outpatient	2 DO4	OTHER:		_==							
Ĕ	27. MANNER OF DEATH	28a. DATE O	OF INJURY	28b. TIN	4 U Nursin	Bc. INJL		isidence		SCRIBE HOW I	NJURY O	CCURED		
	1 Natural 5 Pending 2 Accident Investige		Day, Year)	IN.	JURY M	1 Y	RK? ES 2	NO						- 1
ЭВУ	2 Accident Investigated Suicide 8 Could n	28a. PLACE	OF INJURY — At h	ome, farm,	street, fector	y, office	+			ATION (Street a	and Numbe	or Rural F	loute Number,	-
田田	4 Homicide detarmin		g, etc. (Specify)						City	or Town, State)				- 1
COMPLETED	29e. CERTIFIER CERTIFYING	PHYSICIAN: To the beat	of my knowledge, d	leath occur	red at the time	e. date	and place	and due	to the cm	use(s) and mar	nor so ob	ntad		
M	onel	AMINER: On the beste of) and manner as sta	ted.
	29b. SIGNATURE AND TITLE OF CER							ENSE NUM					1100771	
8	ion !	700					ages EIVE				DA. DA	. L SIGNED	(Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSO		USE OF DEATH (ITI	EM 27) (Type	e, Print)									
	Daniel	Reese	,		-									
Ì	31. DATE FILED (Month, Day, Year)		ANTE GIGNATURE							_				
	5 NHW 0, 22 19	34 Julia do	auction has	dall										

hours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Memtal Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DHMH-18 Rev 1/89

TIST OF

R	BALTIMOBE, MARYLAND 21215-0020	. DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within physicia great death. Page 6 may be retained by the hospital or attending physicia	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tribunes after death with the State Death of Health and Mental Michael ender to burial premission or emissal
	DIVISION OF VITAL RECORDS, P.O. BOX 68760,	G PHYSICIAN: The law requires that the death certificate be executed within	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the hours after death with the State Dent of Health and Mental Husiene prior to hural premation or removal

) physician. e burlal-transit permit. Pages 1, 2, 3 should TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the nours after death. Page 6 may be retained by the hosp TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYL		MENT OF H		MENTAL HYGIEN	E	
	1. DECEDENT'S NAME (First, Middle, Lest)					2. DATE OF DEATH		3. TIME OF DEATH
- 1	Eva	II	cma	F	Reid	May 23,	1994	1030 •
18	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8, 8	IRTHPLACE (State or Foreign
	578-28-2685 9e. FACILITY NAME (If not institution, give st	1 M 2 XF	/U YRS.	NONTHS DAYS		June 11, 1	923	Maryland
œ	Calvert Memor			•	R LOCATION OF DE	ederick	9c. COUNTY C	
DIRECTOR	RESIDENCE OF DECEDENT			FLI	nce rr	edelick	Cai	vert
Ä.	10e. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCAT	ION			10d. INSIDE CITY LIMITS?
	Maryland Cal	vert	Н	untingt				1 TES 2XXNO
FUNERAL	2955 Ponds Wood	Rd.		101.	20639		10g. CITIZEN	OF WHAT COUNTRY?
3	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMED	13. WAS DECI		IC ORIGIN? (Specify Yee		RACE — American Indian,
	1 Never Merried 2 Merried	FORCES? 1 YES		If yes, spe	cify Cuben, Mexice 2X NO Specify	n, Puerto Ricen, etc.)	1	Black, White, etc.
) BY	3 🔀 Widowed 4 🗌 Divorced							Black
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	ATION completed)	16a. DECEDENT'S U (Give kind of wo	rk done during mos	N st of working	16b. KIND OF BUS	INESS/INOUSTR	TY .
الإ	Elementary/Secondary (0-12)	College (1-4 or 5+)	tife. Do NOT use					
M	17. FATHER'S NAME (First, Middle, Last)		Homem	aker				
	Harrison	Gorman			S11S 1 e	ME (First, Middle, Meiden :	Surname) Cook	
8	19a. INFORMANT'S NAME (Type/Print)	oo ziiidii	19h MAILING A	INDESS (Street a		Route Number, City or Town		
임	Shirley Brooks		3890 Da	ares Bea	ach Rd.	Prince Fre	derick,	MD 20678
	20a. METHOD OF DISPOSITION 1 N Burlet 2 □ Cremation 3 □ Ramo	val from State 20b.	PLACE AND DATE OF	DISPOSITION (Nat	me at	DATE 20c. LO	CATION - City o	or Town, State
	4 Donation 5 Other (Specify)	P1	um Point	UM Chr.	Cem. 5	/28/94	Hunting	town, MD
	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE	1.0	22, NAME AN	D ADORESS OF FA	CILITY Sewell	Funera	1 Home
	Spencer	E. Sew	ell	1451 I	Dares Bea	ach Rd. Pri	ince Fr	ed.,MD 20678
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR AS A	ach Ilna.	carca				Approximate Interval Batween Onset and Death Oncode
ERTII	that initiated events resulting in death) LAST	J						
MEDICAL	PART II. Other eignificant conditions Arabetes Hyperton DID TOBACCO USE (mellit	w			PERFOR 1 YES 2	MED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF DEATH (Ch	eck only one)		
YSI	1 TYES 2 THO	1 Mipetient 2 - ER/Outpi		OTHER: Nursing Home	5 🗆 Residence	8 C Other (Specify)		
PHYSICIAN:	27. MANNER OF DEATH 1. Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	RY WO	RK?	28d. DESCRIBE HOW IN	JURY OCCURE	D
B	2 Accident Investigation				ES 2 NO			
COMPLETED	3 Suicide B Could not be 4 Homicide detarmined	28e. PLACE OF INJURY building, etc. (Speci	— Ai home, farm, str ify)	eet, factory, office		281. LOCATION (Street a City or Town, State)	nd Number or Ru	irel Route Number,
P.E.	29a. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of my knowle	edge, death occurred	et the time, data	end place, and due	to the cause(e) end men	ner as stated	
MO		R: On the basis of examination						se(a) and mennar ea stated.
	3%. SIGNATURE AND TITLE OF CERTIFIER	0 .			29c. LICENSE NUM	ABER	29d. DATE SIG	NED (Month, Day, Year)
) BE	Ausan H.	Proute	no		125-	731	> 5/	22/94
٩	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ОТН (ITEM 27) (Туро, Р	Print)		,	-/-	1/0
:	Dr. Susan Pr			Pr	ince Fr	ederick,	MD	20678
	31. DATE FILED (Month, Day, Year) MAY 2 7 1994	32. REGISTRAR'S SIGN	Rarball					



BALTIMORE, MARYLAND 21215-0020	N. The law requires that the death certificate be executed within any nours after death. Page in the transfer by the hospital or attending physics
OWI	Page of
BAL	 The law requires that the death certificate be executed within exhours after death. Papers may be re-
30,	within
ITAL RECORDS, P.O. BOX 68760 ,	executed
O. BO	ertificate be
۵.	leath c
ORDS	that the c
RECC	requires
AL	he law
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

29b. SIGNATURE AND TITLE OF CERTIFIER

Marcia

31. DATE FILED (Month, Day, Year)

Marcia Suemon

MAY 31 1994

BE

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W

32, REGISTRAR'S SIGNATURE

Jalia Davidson Rardall

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) + Shermon

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ges 1, 2, 3 should

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 1994 KINGSLEY SMTTH MAY 24, 02:50 Ам 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7 DATE OF BIRTH 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR | IF UNDER 24 HRS. Oct. 7, HOURS DAYS 220-34-2611 1 🕅 M 2 🗌 F 55 YRS. 1938 Maryland 9e. FACILITY NAME (If not institution, give street and number) 9c. COUNTY OF DEATH CALVERT 9b. CITY, TOWN OR LOCATION OF DEATH CALVERT MEMORIAL HOSPITAL PRINCE FREDERICK DIRECTOR RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Calvert Huntingtown 1 YES 2 XNO 10e, STREET AND NUMBER FUNERAL 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3625 Solomons Island Rd. 20639 USA 12, WAS DECEDENT EVER IN U.S. ARMED FDRCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuben, Mexicen, Puerto Ricen, etc.)

1 YES 2 ND Specify: 1 Never Merried 2 Merried IF YES, GIVE WAR OR DATES BY Specify Black 3 Widowed 4 Divorced COMPLETED 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND DF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5 +) 9 Laborer 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Clarence Smith Ruth Brooks BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zio Code) Ruth Smith 3625 Solomons Island Rd. Huntingtown, MD 20639 20e. METHOD OF DISPOSITION
1X Suriet 2 Cremetion 3 Removal from State 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 1 Suriet 2 Cremetion 4 Donetton 5 Other (Specify) Edmond's Chr. Cem. 5/31/94 Chesapeake Beach, MD 21, SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Sewell Funeral Home 1451 Dares Beach Rd. Prince Fred., MD 20678 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, Approximate ehock, or heart feliure. List only one cause on each line intervai Between **IMMEDIATE CAUSE (Final Onaet and Death** disease or condition reaulting in death) ardiopulmonary amost DUE TO (OR AS ALCONSEDUENCE OF): 0 (OR AS Algonseduence OF): 10 years CERTIFICATION Sequentially liet conditions. If any, leading to immediate cause. Enter UNDERLYING ea CAUSE (Disease or injury that initieted events resulting in death) LAST PART ii. Other eignificant conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE MEDICAL oudo cardits YES 2 NO OF DEATH? YES 2 | ND DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES | NO | PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one HOSPITAL: **EXAMINER?** OTHER: 1 TYES 2 NO 4 - Nursing Home 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATH 26e. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d DESCRIBE HOW INJURY OCCURED 1 Natural
2 Accident 1 YES 2 ND COMPLETED BY Investigation 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE DF INJURY — At home, term, street, factory, office building, atc. (Specify) 3 Suicide 6 Could not be 4 Homicide 29a, CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) end manner ee stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and menner as stated.

29c. LICENSE NUMBER 0 44618

1991

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BALTIMORE, MARVLAND 21215-0020	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nous after death. Proc 6 may be retained by constitute has been signed by the attending physician and completely filled in by the functor see 5 should be detached for use as the burish-trainit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burish, cremation, or removal	the medical examinar must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after the may be retained by the attending physician and completely filled in by the funeral director, ages 5 abound be defined to use as be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical azaminer must be notified at ence.

										9	4	11220
	FOR 1 - STATE REGISTRAR	STATE OF M	ARYLAND C	/ DEPAR ERTIF	TMEN ICAT	T OF I	HEALTH AND	MENTAL	HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last)				···			2. DATE	OF DEATH	MY	YEAR	3. TIME OF DEATH
		abeth		Schr				5		8	94	10 40 AM
	- Section Control of the Section	5. SEX 1	8. AGE (In yrs. la	vast birthday)	IF UND	DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE ((Month	DE BIRTH (Day, Year)		8. BIRTHP Country)	LACE (State or Foreign
	220-30-8666 9a. FACILITY NAME (If not institution, give stree	47	83	ins.	AL 017	Y 70000	OR LOCATION DF D	5	3	11	_Md.	
Œ											NTY OF DE	
CTC	Egle Nursing H	One			ΓO	nac	oning,	MD		AL	lega	ny
10s. STATE 10b. COUNTY 10c. CITY, TOWN OR LOC							TION				- 1	10d. INSIDE CITY LIMITS?
BY FUNERAL DIRECTOR	MD Alleg 100. STREET AND NUMBER											YES 2 NO
RA	P.O. Box 275					10	f, ZIP CODE			"		AT COUNTRY?
S		12. WAS DECEDENT	EVER IN U.S. A	RMED	13	WAS DEC	21521 CENDENT OF HISPA	NIC OBIGIN	2 (Specify Va	U		— American Indian.
E		12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	YES 2 X	ND	1 "	If yes, sp	ectly Cuban, Mexico	an, Puarto R		s or No—	Black,	White, etc.
	3 Widowed 4 Divorced						apac.				Specify.	White
TE	15. DECEDENT'S EOUCA (Specify only highest grade co	TION empleted)	(0	ECEDENT'S Give kind of v	work done	during me	ON ost of working	16b.	KIND OF BU	SINESS/INC	DUSTRY	
PLE	Elementary/Secondary (0-12) Unknown	College (1-4 or 5+)			-			D	etail	Conf	ootio	2027
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		1 50	oreke	eepe	r	18. MOTHER'S NA				30110.	пету
BE C	Henry Schramm						Elizab			Surriemen		
10 B	19a. INFORMANT'S NAME (Type/Print) June Kiddy		11	b. MAILING	ADDRES	S (Street I	and Number of Aural Barton		2	State, Zip	Code)	
F	Julie Kiddy						Dar Col.	i, na	. 2172	, L		
	20e. METHOD OF DISPOSITION NX Burial 2 ☐ Cremation 3 ☐ Ramovi	al from State	20b, PLACE	AND DATE (OF DISPO	SITION (Na	arne of	OATE	20c. LO	CATION —	City or Town	n, State
	4 Donation 5 Other (Specify)	ucher 17	Lau	ireI	Hill	Cen	etery 5-	-11-94	H Ba	rton	, Md.	
	7// Signature of Funcing Service Licer	1/3/					Funeral					
_	· wayse	Doa	4				Church S					
	23. PART I. Enter the diseases, or cor ahock, or heart fellure. Lis	mplications that st only one ceus	caused the d	eath. Do r	not enta	r tha mo	da of dying, suc	ch as card	ac or resp	iratory arr	rest,	Approximate interval Batween
Í	IMMEDIATE CAUSE (Final disease or condition	(0	./.			1						Onset and Death
Į.	resulting in death) e.	OUE TO (OR AS A CONSE	OUENCE OF	187							minutes
_		Athe	vo Sclon	tic 1	-	214-	, arky	dis	Pro CP			VERACE
ERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONSE	QUENCE OF	F):	100	/ 10/1/	0113	2426			100.
S	CAUSE (Disease or Injury											
Ħ	that initiated events resulting in death) LAST	DUE TO (C	OR AS A CONSE	QUENCE OF	7:							
CE	d											
	PART II. Other aignificant conditions							Part I.	24s. WAS AN PERFOR			VERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL	Atrial Pibrill	ation,	Prior	Cerc	4,00	rase	wher	_	1 YES 2		0	MAILABLE PRIOR TO COMPLETION OF CAUSE OF CEATH?
ME	accident.										- 1	☐ YES 2 ☐ NO
ä												
S		IOSPITAL:	-12 -12		OTHE		ACE OF OEATH (Ch	neck only one)			
HYS	1 YES 2 NÃO 1	28e. DATE OF II		28b. TiM		rsing Hom 28c. INJ	e 5 Rasidenca		(Specify)	N HIRV OC	CURED	
ВУ Р	1 Natural 5 Pending	(Month, Day			URY M	WO	RK?	200. OE30	SHIDE HOW I	NJUNY OCC	OHED	
100	3 Suicide 8 Could not be	28e. PLACE OF building, st	INJURY — AI ho	ome, term, s	treet, fac	tory, offic			TION (Street a	and Number	or Rural Roc	ute Number,
E	4 Homicide determined	Junuary, 80	- Inhanaly)					City o	r Town, State)			
COMPLETED	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIA	N: To the best of m	ny knowledga, de	eath occurre	d at tha	time, data	and place, and due	to the caus	e(s) and mar	mer as stat	ed.	
S S	one) 2 MEDICAL EXAMINER;											and manner as stated.
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	0 -	-	79			29c. LICENSE NUI					Aonth, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WHO C	Verlin	140				DZ14	88		•	5-9	1-94

Ave Conaconing my 21539

100 190 20 Dougles

32. REGISTRAN'S SIGNATURE

Jaki Bridger Raddl

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within an interview of the state of the serificate becaused within an interview or the state of the

	1 - STATE OF MAR		MENT OF HEALTH AND I	MENTAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH		3. TIME OF DEATH	
	Francis Leo Snyder			May 1		3:50 A M	
	4. SOCIAL SECURITY NUMBER 5. SEX 8. A		F UNDER 1 YEAR F UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRTHE	LACE (State or Foreign	
	214-07-2591 1 M 2 F 9e. FACILITY NAME (If not institution, give street end number)	83 YRS.	DATHE DAYS HOURS MIN.	Jan 30, 1	L911 W	V	
TOR	Lions Manor Nursing Hom		Cumberland	AIR	and the second	egany	
DIRECTOR	10a. STATE 10b. COUNTY	toc. CITY, 1	TOWN OR LOCATION			10d. INSIDE CITY	
	WV Mineral 100. STREET AND NUMBER	Ridg	eley 10f. ZIP CODE		10g. CITIZEN OF WI	1 YES 2 NO	
FUNERAL	Route 1 Box 58		26753		USA	AL COUNTRY?	
The specific of the specific o							
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)	life. Do NOT use n	k done during most of working etired.)		SINESS/INOUSTRY		
MO	12 17. FATHER'S NAME (First, Middle, Last)	I bldg co	ntractor	ME (First, Middle, Meiden	<u>ntractin</u>	ıq	
BE C	Charles A. Snyder		Marv		rrick		
10	19e. INFORMANT'S NAME (Type/Print)		DDRESS (Street and Number or Rural F	Route Number, City or Tow	n, State, Zip Code)		
	Arlene Snyder 20e. METHOD OF DISPOSITION	ROUT 20b. PLACE AND DATE OF 1	e 1 Box 58 Ric		26753 CATION — City or Tow	- 01-1	
	M. Burlei 2 Cremation 3 Removal from State	cemetery, cremetory or other		1	mberland		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	10//s	Scarpelli F Cumberland,	uneral Ho	ome		
	23. PART I Entar the diseases, or complications that cau	and the death. Do not	enter the mode of dying, such	n aa cardiac or raapi		Approximate	
1	ahock, or heart failure. List only one cause of IMMEDIATE CAUSE (Final disease or condition resulting in death)	ticemia	2.			Interval Between Onset and Death	
	Tour TO JOH	S A CONSEQUENCE OF	. 0			THEOLINY:	
CERTIFICATION	Sequentially list conditions, if any, laading to immediate	S A CONSEQUENCE OF):	N 2 .				
ICA	cause, Enter UNDERLYING CAUSE (Disease or injury	S A CONSEQUENCE OF):					
E	that initiated eventa resulting in death) LAST	a n consequence or y					
AL C	PART II. Other aignificant conditions contributing to deat	h but not resulting in t	the underlying chuse given in	Part I. 24a. WAS AN	AUTOPSY 24b.	WERE AUTOPSY FINDINGS	
SICA	Mutuntarity den	entra 1	1 1 1 0	SUN PERFOR	MEO?	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
ME	hydroCopshalus S	einne	disovor			YES 2 NO	
AN	DID TOBACCO USE CONTRIBUTE TO	CAUSE OF D	PEATH YES NO				
SICI	EXAMINER? 1 ☐ YES 2 ☑ NO		THER: Nursing Home 5 - Residence				
Y PHYSICIAN: MEDIC	27. MANNER OF DEATH 1 Netural 5 Pending (Month, Day, Yee Investigation)	TY 26b. TIME O	OF 28c. INJURY AT	26d. DESCRIBE HOW II	NJURY OCCUREO		
TED BY	- Decident	JRY — Al homa, farm, atra Specify)	at, factory, office	28f. LOCATION (Street (City or Town, State)	and Number or Rural Ro	ute Number,	
PE	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my kr	nowledge, death occurred a	at the time, date end place, end due	to the cause(s) and mer	nner es stated,		
COMPLETED	2 MEDICAL EXAMINER: On the basis of exemini					end manner as atated.	
BE	29b. SIGNATURE AND TITLE OF CERTIFIER 1. + - KOWY LOW		29c. LICENSE NUM D19750	IBER	29d. DATE SIGNEO (► 05-17-		
10	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF V.A. Ranjithan M.D., Lions		, Seton Dr., Cu	mberland	MD 21502		
	31. DATE FILED (Month Day, Year) 31. PATE FILED (Month Day, Year)	IGRATURE		ell ph			
	A can	Nu viece	o willow	546	4	DHMH 16 Rev 1/80	

FOR STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF OEATH 1994 10:20 AM **EDGAR** SHIPE MAY RAYMOND 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) BIRTHPLACE (State or Foreign Country) DAYS HOURS 1 XM 2 F 723 14 7817 FEB 3 1929 MARYLAND 65 Pages 1, 2, 3 should 9e. FACILITY NAME (if not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF OFATH 9c. COUNTY OF DEATH DIRECTOR SACRED HEART HOSPITAL CUMBERLAND ALLEGANY RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY YES 2 NO CRESAPTOWN MARYLAND **ALLEGANY** permit, FUNERAL 10a STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? USA 21502 for use as the burial-transit 14417 WINCHESTER ROAD retained by the hospital or attending physician. 5 should be detached for use as the burial-tran 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—

19 was specify Cuben, Mexican, Puerto Rican, etc.) 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES 14. RACE — American Indian, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Merried
3 Widowed 4 Divorced If yes, specify Cuben, Mexican, Pu 1 YES 2 NO Specify: Specify: WHITE BY 11/18/47 6/5/50 COMPLETED 15. DECEOENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION 16b. KINO OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) DISABLED DISABILITY 12 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surneme) ROBERT J. SHIPE HELEN M. SMITH at BE page 5 should notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 10 14417 WINCHESTER ROAD CRESAPTOWN, MD 21502 DELORES W. SHIPE burs after death. Page 6 may be 9 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE must SUNSET MEMORIAL PARK 5/25 CUMBERLAND, MD examiner M. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY HAFER CHAPEL OF THE HILLS MORTUARY S 1302 NATIONAL HWY LAVALE, MD 21502 in by the f medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heert fellure. List only one cause on each line. Interval Between **Onset and Death** IMMEDIATE CAUSE (Final the disease or condition cremation. Acute Myorardia resulting in death) event, DIVISION OF VITAL RECORDS, P.O. BOX 68760 DUE TO (OR AS A CONSEQUENCE OF) and com Onary traumatic CERTIFICATION Sequentially list conditions, prior to l if sny, leading to immediata cause. Enter UNDERLYING other CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events attending resulting in death) LAST the atten PART il. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL PERFORMED? AVAILABLE PRIOR TO any COMPLETION DF CAUSE OF DEATH? signed l 1 YES 2 NO Shows 1 YES 2 NO been t. of l PHYSICIAN: HOSPITAL OR ATTENDING PHYSICIAN: The law FUNERAL DIRECTOR: After this certificate has by within 72 hours after death with the State Dept. 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) this certificate h HOSPITAL: OTHER:
4 □ Nursing Home 5 □ Residence 8 □ Other (Specify) 1 YES 2 NO 1 ☐ Inpetient 2 ☐ ER/Outpetient 3 ☐ DOA 6 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Natural
2 Accident 5 Pending Investigation 1 YES 2 NO BY 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be COMPLETED 4 Homicide 28 CERTIFIER (Check only one)

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner as stated. item TO THE HOSPITAL OF THE FUNERAL DE FILED WITHIN 72 ho 2 MEDICAL EXAMINER: On the basis of examiner ination end/or investigation, in my opinion, death occured at the time, date end place, and due to the cause(s) end menner es stated. SHORATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Dev. Year) BE 30-NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) THOMAS CHAPPELL, MD. 912 SETON DRIVE CUMBERLAND, MD 21502

31. DATE FILED (Month, Day, Year)

2 4 1994

32. REGISTRAR'S SIGNATURE Newdoor Randall

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Jours aim deam dage 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 buts after the complete of may be retained by the hospital or attending physician.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

\neg	1. DECEDENT'S NAME (First,	Micidle, Last)								2. DATE OF	DEATH			3. TIME OF DEATH
	MELVIN		D.	9	SHANHO)T.TZ	ER			Month May 2	DA	γ Q Q / _t	YEAR	10:30 PM
	4. SOCIAL SECURITY NUMBE	ER	5. SEX	6. AGE (In yrs. Is		IF UNDER		IF UNDER	24 HRS.	7. DATE OF		77 4	B. BIRTH	ID.30 P III
	72309-0944		1 X M 2 - F	66	YRS.	MONTHS	DAYS	HOURS	MIN.	Jan.1	ey, Year) 7 192	8	Countr	Va.
	9a. FACILITY NAME (If not ins		reet and number)			9b. CITY	r, TOWN	OR LOCATE	ON OF DE		,,1,2		NTY OF O	
<u>ج</u> ا	Memorial Ho	spital	L			Cı	umbe	rlan	d			Δ11	egany	v
DIRECTOR	RESIDENCE OF DEC	EDENT										MIT.	egan	у
뿐	10a. STATE	10b. COUNTY				Y, TOWN								10d. INSIDE CITY LIMITS?
<u>-</u>	W. Va.	Hamp	shire		Sp	ring								1 TES 2 NO
FUNERAL	10e. STREET AND NUMBER						10	f. ZIP COD	_					WHAT COUNTRY?
Ä	P. O. Box 12	27			570			2676					S.A.	
2	1 Never Married 2 🔯 I	Married	12. WAS DECEDEN FORCES? 1	YES 2 X	NO		It yes, s	pecify Cube	n, Maxica	NIC ORIGIN? (S	ipecify Yes n, etc.)	or No—	14. RACE Black	E — American Indian, k, White, atc.
B	3 Widowed 4 Divor	ced	IF YES, GIVE V	AR OR DATES			1 YES	S 2 💢 NO	Specify	y:			Speci	White
E		DENT'S EDUC		16a. D	ECEDENT'S	USUAL O	CCUPATI	ION		16b. KI	ND OF BUS	INESS/INI	DUSTRY	
4	Elementary/Secondary (0-		College (1-4 or 5	- 46	Give kind of a fe. Do NOT us	vork done se retired.)	during m	ost of workii	ng					
COMPLET	Unknown			L	abore	r				С	s x	Rai1	road	
3	17. FATHER'S NAME (First, Mic	ddle, Lest)						16. MOT	HER'S NA	ME (First, Mide	lle, Maiden	Surname)		
BE	Jesse H. Sha		zer							lartma				
2	19a. INFORMANT'S NAME (%)									Route Number,				
	Norma J. Sha		zer		_				ring	field	_			
	1 Deuriel 2 Cremation	n 3 🗆 Ramo	oval from Stata	cemetery, c	rematory or o	ther plece)	, , , , , , , , , , , , , , , , , , ,		-	DATE	1		City or To	100
	4 Donation 5 Other (-	ENGEE	Mt.	Dale			ND ADDRE		27-94	Sha	inks,	W.	Va.
	. 9	A	1.11								e P.	0.	Draw	er 1000
	/ Janyo	91	feller								Ro	mney	, W.	Va. 26757
	23. PART. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feliure. List only one cause on sech line. Approximate interval Between Once and Rest													
	iMMEDIATE CAUSE (Find	01								4	0		CI	Onset and Death
ļ	resulting in death)	→ ,	Redvoc DUE TO	bery	Ven	bro	cu	lar	tac	deyc	ude	at	411	30min
			A cuto	OR AS A CONS	EOUENCE O	F):	301.		1	1 '2			1	2 lace
HTIFICATION	Sequentially list condition		DUE TO	(OR AS A CONS	EOUENCE O	1. /CE	icu	mea	X 40	117	(O)	en,)	2001
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	if any, leading to immed cause. Enter UNDERLYIF	NG	MASS	(OR AS A CONS	67	6	10	od						Idan
	CAUSE (Diseese or injur that initiated events			A .			- /	A						
	resulting in deeth) LAST		· Vuo	denal	d	ioe	h	al	en					
2	PART II. Othar significar	nt condition	6 contributing to	deeth but not	regulting	in the u	ndarivin	o ceuse i	given in	Part i 2/	a. WAS AN	ALITOPSY	246	. WERE AUTOPSY FINDINGS
DICAL	Donas		Inhi	7				ng ovado	givani		PERFOR	MED?		AMAILABLE PRIOR TO COMPLETION OF CAUSE
		0		71.						- '	YES 2	□ NO		DF DEATH?
Σ	DID TOBACCO	USE C	ONTRIBUTE	TO CAU	SE OF	DEAT	TH Y	ES 🗆	NO	X				1 D YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO								EATH (Ch	eck only one)	_			
	EXAMINER?		HOSPITAL:	ER/Outpatlant	3 DOA	OTHE!	R:			6 🗆 Other (5	necifu)			
	27. MANNER OF DEATH		26a. DATE OF	INJURY	26b. TIM	E OF	28c. IN	JURY AT	10001100	28d. DESCR		NJURY OC	CURED	
2		Pending nveatigation	(Month, E	ray, rear)	INS	M		ORK? YES 2 [NO	5-00-04-07-0-0				
	2 Sudalda	Could not be	28e. PLACE C	F INJURY — At I	nome, term,	street, tac	tory, offi	Ce		26f. LOCATI	ON (Street a	nd Numbe	r or Rural I	Route Number,
-	4 Homicide	letermined								Ony or	OWA, Oteley			
2	29a. CERTIFIER (Check only	FYING PHYSI	CIAN: To the best of	my knowledge, o	death occurr	ed at the t	time, dat	a and place	, end due	to the cause	s) and mar	ner se ete	ited.	
COMPLEIED														a) and manner as stated.
וני	296, SIGNATURE AND TITLE	OF CERTIFIE	\rightarrow					29c. LIC	ENSE NUI	MBER		29d. DAT	re signed	(Month, Dily, Year)
ןן מ	Wille	an T	lun 1	M				D	2540	06		•	5/2	24/94
2	30. NAME AND ADDRESS OF	PERSON WH	O COMPLETED CAU	SE OF DEATH (IT	EM 27) (Type	, Print)							-	
	Dr. Wm. La	nm, 47	Virgini	a Avenu	ie, Cu	mber	1an	d, MI	21	1502				
	31. DATE FILED (Month, Day,)		12 RECISTRA	D'S SIGNATURE									-	
	MANY 97	QQA	The Start	hor tarda	Д									
	MINI WILL	001	/											DHMH-16 Rev 1/89

68760
BOX
P.0
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OF V
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Por them to retained by the hospital or attending physician. TO THE FUNERAL OIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF	MARYLAND /	DEPARTMENT	OF HEALTH	AND	MENTAL	HYGIENE
	CE	ERTIFICATE	OF DEAT	TH		REG. NO.

	1 - FOR STATE REGISTRAR	F HEALTH AND MENTAL HYGIENE OF DEATH REG. NO.							
	1. OECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH		3. TIME OF OEATH
	LEE EL	MER		S	HRYOCK		05 27	94	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.		IF UNDER 1 YE		7. DATE OF BIRTH	8. 6	BIRTHPLACE (State or Foreign
	217-10-4603 9a. FACILITY NAME (If not institution, give stre	1 M 2 G F	88	YRS.	MONTHS DA	WN OR LOCATION OF E	JUNE 21 19		ARYLAND
DIRECTOR	NORTH ARUNDEL HOS		SOCIAT	'ION		N BURNIE		A. COUNTY	
E	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN OR LO	CATION			10d. INSIDE CITY
	MARYLAND ALLE 100. STREET AND NUMBER	GANY		C	UMBERL	AND 101, ZIP CODE		I 100 CITIZEN	LIMITS? 1 ☐ YES 2 M NO OF WHAT COUNTRY?
R	1538B OLDTOWNE MA	NOB OID	TOWN E	TAD		21502		U.S.	
FUNERAL					13. WAS		ANIC ORIGIN? (Specify Ye		RACE — American Indian,
В	1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT FORCES? 1 { IF YES, GIVE WA	YES 2	NO	If yes		en, Puerto Ricen, etc.)		Black, Whita, atc. Specify: WHITE
G	15. OECEDENT'S EDUCA		16a.	DECEDENT'S	USUAL OCCU	PATION	16b. KIND OF BU	SINESS/INDUST	
COMPLETED	(Specify only highest grade of Elementery/Secondary (0-12)	College (1-4 or 5+)	-	(Give kind of life, Do NOT u	work done during se retired.)	g most of working	25-0-511-1/250		
릴	6		AL	LEGAN	Y CO. I	BOARD OF I	EDUCATION	CUSTO	DTAN
0	17. FATHER'S NAME (First, Middle, Last)						AME (First, Middle, Maiden		
	CHARLES SHRYOCK					SARAH	F. YAIDER		
BE	19a. INFORMANT'S NAME (Type/Print)		Ī	19b. MAILING	ADORESS (Str		I Route Number, City or Tow	vn, State, Zip Cod	de)
임	MRS SHELBY JOHNSO	N	- 1			EARTH ROAL			AND 21144
	20 METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Remon	-	cemetery	CE AND DATE	OF OISPOSITIO	N (Name of	OATE 20c. LO	CATION — City	or Town, Stata
	4 Donation 5 Other (Specify) 11. Signature of Funeral Service Lice	WIFE	I DAVI	S MEM		CEMETERY MEAND ADDRESS OF F		CUMBE	RLAND MARYLAND
	Dale L. 1	I with)		MERR	TT-ADAMS	FUNERAL HO		MADVI AND
	23. PART I. Enter the diseases, or co	implications that	caused tha	death. Do	not antar tha	mode of dylng, au	ch as cerdiac or resp	Iratory arreat,	Approximate
	shock, or heart failure. Li IMMEDIATE CAUSE (Final disease or condition reaulting in death) a.				Prost	rafe	into Me	itas'	Interval Batween Onset and Death
		DUE TO (OR AS A CON						
Z	Sequentially list conditions, b.			Cen					
Ĕ	if any, laading to immediata	OUE TO H	PIVAS A CON	SEQUENCE O	F):				
CERTIFICATION	CAUSE (Disease or Injury		Tal	عراب	-807				
Ë	that initiated events resulting in daath) LAST	DUE TO IS	AS A CON	SEQUENCE O	00	_D.			1 1
斯	4.		ing	suy.	J				
	PART II. Other aignificant conditions	contributing to	laath but ne	ot reaulting	In tha under	lying cause given in	Part I. 24s. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL							PERFOI		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ä									
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	нобрита				8. PLACE OF DEATH (C	heck only one)		
Š		HOSPITAL:	ER/Outpatians	3 🗆 DOA	OTHER:	Home 5 - Residence	8 Other (Specify)		
	27. Natural 5 Pending	28a. DATE OF II (Month, Day		28b. TIN	JURY	INJURY AT WORK?	28d. DESCRIBE HOW	INJURY OCCURE	EO
ED BY	2 Accident Investigation 3 Suicide 8 Could not be determined	28a. PLACE OF building, e	INJURY — Atte. (Specify)	home, ferm,	atreel, factory,	office	281. LOCATION (Street City or Town, State,	and Number or R	lural Route Number,
<u> </u>	29a, CERTIFIER								
COMPLET	(Check only						e to the cause(a) and ma e time, date end place, ar		use(a) and manner as stated.
BEC	29b. SIGNATURE AND TITLE OF CERTIFIER	9	2	The second section of the section of the second section of the section of t		29c. LICENSE NI	MBER 36	29d, DATE SIG	PNEO (Month, Pay, Year)
임	30. NAME AND ADORESS OF PERSON WHO					10.7		10/	2/199
	DALJIT S. SAWHNEY 31. DATE FILED (Month, Day, Year)					SW #201/G	GLEN BURNIE	, MARYI	LAND 21061
- 1	MAY 3 1 199	32. REGISTRAR	Muchan	Rarbal	ę				

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. Jours after death. Page 6 may be retained by an intending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5. Should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notitied at once.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 687604

1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	HEGISTHAN			10/110	IF DEAL		- 11	EG. NO.			
10	1. DECEDENT'S NAME (First, Middle, Last)			_			2. DATE OF D	EATH		3. TIM	E OF DEATH
- 4	MILDRED) E		Smi	-4		MONTH	DAY	444 YE	EAR	507 M
	4. SOCIAL SECURITY NUMBER 5. SE				**		1144				
		/	(In yrs. lest birthday)	IF UNDER 1 YE		24 HRS.	7. DATE OF B (Month, Day		0.	BIRTHPLACE Country)	(State or Foreign
13	218-16-7391	M 2 F	70 YRS.				May 1	3 19	24	Mary]	land
	9a. FACILITY NAME (If not institution, give street an	nd number)		9b. CITY, TO	WN OR LOCATIO				C. COUNTY		Laria
Œ	PENINSULA REGIONAL	MEDICAL	CENTED		ISBURY					COMICO	
2	RESIDENCE OF DECEDENT	L FIEDICAL	CENTER	SAL	TODUKI				MIC	JOHILOO	
b	10s. STATE 10b. COUNTY		The au								
2	IOD. COOKITY		10c. CH	Y, TOWN OR LO	CATION					10d. IA	NSIDE CITY
<u>-</u>	Marvland Some	rset	1	Princ	ess Ar	nne				1 🗆 '	YES 2 NO
7	10e. STREET AND NUMBER	-	•		10f. ZIP CODE			1	IOa. CITIZEN	OF WHAT C	OUNTRY?
FUNERAL DIRECTOR	00500 0 3 7 3				0401	- 0					
岁	26520 Deal Islan				2185					U.S.	
5		MAS DECEDENT EVER II ORCES? 1 YES		13. WAS	DECENDENT OF	FHISPANIC	ORIGIN? (Sp	ecify Yes or	No- 14.	RACE - Am	erican Indian,
	1 - 1100 married & married 15	YES, GIVE WAR OR D			YES 2 NO		Puerto Hican	, arc.)			
B	3 Widowed 4 Divorced				_					Whit	e
	15. DECEDENT'S EDUCATION		16a. DECEDENT'S	USUAL OCCUP	PATION		16b. KIN	D OF BUSIN	ESS/INDUST	TRY	-
E	(Specify only highest grade comple		(Give kind of	work done during	g most of working	g	7000 1100	01 200111	200/11/2001		
ا ت	Elementary/Secondary (0-12) Colle	ege (1-4 or 5 +)									
A	12		Но	memak	er			<u>)wn F</u>	lome		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				16. MOTH	ER'S NAME	E (First, Middle	, Malden Su	mame)		
	Holly Abbott				Dni	icil	la Wh	ito			
H	19a. INFORMANT'S NAME (Type/Print)										
2	Decision of the party of the pa		196. MAILING	ADDRESS (Str	eet and Number	or Rural Ro	ute Number, C	ity or Town, S	State, Zip Coo	de)	
71	Mr. dames E. Smit	.h	5282	Joy	Row La	ane.	Sali	sbur	Y, M	ld. 2	1801
	200. METHOD OF DISPOSITION	20b	. PLACE AND DATE	OF DISPOSITION	N (Name of		DATE	20c. LOCAT	TION City	or Town, Sta	ta
	1 Buriel 2 Cremation 3 Ramoval fro		retery, crematory or o	ther place)	tiono.	Com	616	ن ا د۸	naton	vin	ainio
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		Tringe		E AND ADDRES			WI.TT	ngcon	, VII	утпта
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	14	1	моолог						1050		1
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- 1	disease or condition	100515	MoTH	c.All.	To al	X s	STAN	2 Am	rens	119	7 DANS
	resulting in deeth)	DUE TO OR 45	CONSEQUENCE	D.	0307411					-	7.00
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TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within the Hospital. Page 6 may be retained by the talk provided the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 2215-0020 hours after death. Page 6 may be retained by the hoster of attenting physician.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR STATE

	REGISTRAR		CERTIF	ICALE O	F DEATH	REG. NO.			
	1. OECEOENT'S NAME (First, Middle, Last) Edna Marie	Snyder				2. DATE OF OEATH MONTH 27,	" 1994 ^{EAR}	3. TIME OF DEATH 7:55 p. m.	
	4. SOCIAL SECURITY NUMBER 578-07-2310	5. SEX 8. AG	E (In yrs. lest birthday) 6 YRS.	IF UNDER 1 YEAR		7. DATE OF BIRTH (Month, Day, Year) Jan. 6,	1918 ^{Cou}	THPLACE (State or Foreign nitry)	
œ	9a. FACILITY NAME (If not institution, give s Washington Co		ital		n or Location of Di rstown.	EATH	9c. COUNTY OF		
[유]	RESIDENCE OF DECEDENT	oundy mosp	1041	mage	IB COWIT,		Washi	ing con	
DIRECTOR	10a. STATE 10b. COUNT	•		Y, TOWN OR LO				10d. INSIDE CITY LIMITS?	
	MD. Wash	ington	Cle	ear Sp				1 YES 2 NO	
FUNERAL	12435 Indian	Springs R	d.		21722		U.S	WHAT COUNTRY?	
	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEOENT EVER FORCES? 1 YE IF YES, GIVE WAR OR		If yes,	ECENDENT OF HISPAI specify Cuban, Maxica ES 2 NO Specif		Bia	CE — American Indian, ick, White, atc.	
ВУ	3 Widowed 4 Divorced				X	,.	4	white	
	15. DECEDENT'S EDU (Specify only highest grade		18a. DECEDENT'S	USUAL OCCUP	TION most of working	16b. KIND OF BUS	SINESS/INDUSTRY		
COMPLETED	Elamentary/Secondary (0-12)	College (1-4 or 5+)		work done during se retired.) Wner	•	Store			
l Š	17. FATHER'S NAME (First, Middle, Last)	77. 2.2				ME (First, Middle, Maiden			
BE (Bruce Zeller	s Hull			Mary	Lucreti		nk	
2	Calvin A. Sny		19b. MAILING 1243	AODRESS (Stre	et and Number or Aural ian Spri	ngs Rd.	n, State, Zip Code) Clear	Spring, MD	
	29a. METHOO OF DISPOSITION TE Burial 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	noval from State	BLATESVE	of disposition	Cem. 5-3	1-94 C1	cation - city or ear Sp:	ring, MD	
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE		TY'S	Apson 310	Meral Ho	me, Ind	MD.21722	
П	23. PART i. Enter the diseases, or	complications that caus	sed tha death. Do					Approximate	
	sMeCk, or heart feilure. iMMEDIATE/CAUSE (Finel disease or condition resulting in death)	Elet only ona cause on	ALLOA	- 2	1			intervel Between Onset and Daath	
1		DUE TO (OR A	CONSEQUENCE O	2	Lann	A4. 4.1			
CERTIFICATION	Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR A	S A PONSEQUENCE O	cov)	on Bullingia				
TIFIC	CAUSE (Disease or injury that initiated events reaulting in death) LAST	OUE TO (OR A	A CONSEQUENCE O	P):					
馬	Constitution of the control of the c	d,							
	PART II. Other significant condition	na contributing to death	but not reaulting	in the underly	ing ceuse given in	Part i. 24a. WAS AN		b. WERE AUTOPSY FINDINGS	
EDICAL	No.	ME				PERFOR	17	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
MEC								1 TYES 2 NO	
PHYSICIAN:	2S. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSBITAL		OTHER:	PLACE OF DEATH (Ch	eck only one)			
YSI	1 TES 2 D 115	1 Pinpetlent 2 ER/O			ome 5 - Residence	8 Other (Specify)			
ВУ РН	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJUR (Month, Day, Year	Y 28b. TIN	JURY	INJURY AT WORK? YES 2 NO	28d. DEŞCRIBE HOW II	NJURY OCCURED		
8	3 Suicide 6 Could not be 4 Homicide detarming	28a. PLACE OF INJU building, atc. (S	RY — At home, farm, pecify)	etreel, factory, o	ffica	281. LOCATION (Street a City or Town, State)	and Number or Rura	l Route Number,	
"	29a. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of my kn	owiedce, death occur	ad at the time of	ete and place, and due	to the cause(s) and man	nos on eteted		
COMPLET		ER: On the basis of examine						(s) and mannar as stated.	
B	296. SIGNATURE AND TITLE OF CERTIFIE	Clienc M	10 (no	en A	29c. LICENSE NUI	MBER	29d. OATE SIGNE	ED (Month, Day, Year)	
10	30. NAME AND ADORESS OF PERSON WH	TNA R	DEATH (ITIM 2) (Typ	Print) About	faun 1	nes 2170	(1)	/ / 7	
	31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SI		1	, , , ,	7 0.18			
	JUN 0 1 1994	Juli Dan	iem-Rudall						

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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS P.D. BOX 68760

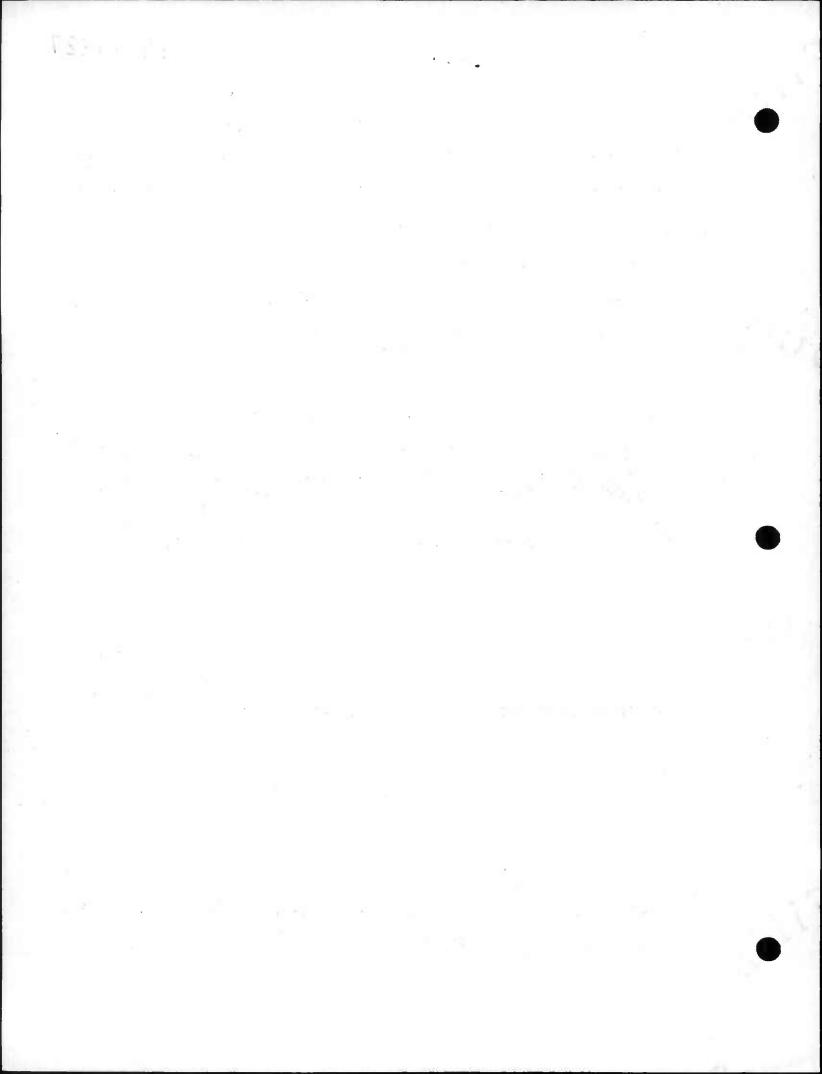
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the dean commente to account within the death, Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the articles and the articles and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
be filed within 72 hours after death with the State Dept, of Health and Merral hours after death with the State Dept, of Health and Merral hours after death with the State Dept, of Health and Merral hours after death with the State Dept, of Health and Merral hours after death with the State Dept, of Health and Merral hours after death with the State Dept, of Health and Merral hours after death with the State Dept, of Health and Merral hours after death with the State Dept, of Health and Merral hours after death with the State Dept, of Health and Merral hours after death with the State Dept, of Health and Merral hours after death with the State Dept, of Health and Merral hours after death with the State Dept.
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

											94	- 1	126	1
	FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAND (/ DEPAR	RTMENT	T OF H E OF	EALTH DEAT	AND I		GIENE				
	1. DECEDENT'S NAME (First, Middle, Last								2. DATE OF DE	ATH			3. TIME OF D	EATH
- 4	GEORGE				TH	MOH			MAY	3		94	4:10	P. M
- 8	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. la	ast birthday)		R 1 YEAR	IF UNDER		7. DATE OF BIR				PLACE (State of	-
	094-24-7931	1 📉 M 2 🗆 F	85	YRS.	MONTHS	DAYS	HOURS	MIN.	01-08-	1909)	Countr	" Chin	a
	9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY	Y, TOWN C	R LOCATIO	ON OF DE	ATH		9c. COUI	NTY OF D	EATH	_
OP	1313 SOUTHERN	AVE A	PT 608		OXO	ON H	ILL				PR:	INC	E GEOR	RGES
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b, COUN	TY		10c, CIT	Y, TOWN	OR LOCAT	ION			10d, INSIDE CITY			erty	
DIR	Maryland Pri	nce Georg	re's	0x	on H	111							LIMITS?	
AL	10e. STREET AND NUMBER		,	-		Y	. ZIP CODE	E)		T	10g. CITI	ZEN OF Y	WHAT COUNTRY	
FUNERAL	1313 Southern Av	608			2074	45		- I		USA				
5	11. MARITAL STATUS	RMED	13.	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify If yes, specify Cuban, Mexican, Puarto Rican, etc.)				offy Yea o	r No		E — American I k, Whita, atc.	ndlen,		
BY F	1 Never Married 2 Married 3 Widowed 4XX Divorced	(NO			2XXNO			rtc.)		Speci	lfy:			
D B	16. DECEDENT'S ED	1	1 2 2				123		_				iental	
E	(Specify only highest grad	le completed)	(0	ECEDENT'S Give kind of le. Do NOT u	work done	during mo		g	16b. KIND	OF BUSIA	NESS/IND	USTRY		
COMPLETED	Elementery/Secondary (0-12)	College (1-4 or 5	+) _	stau			er		Foo	d In	dust	ry		
OM	17. FATHER'S NAME (First, Middle, Last)						18. MOTH	IER'S NAI	ME (First, Middle, I	Maiden Su	rname)			
	Unknown							cnow			,			
) BE	19a. INFORMANT'S NAME (Type/Print)		19	9b. MAILING	ADDRES	S (Street a			Route Number, City	or Town,	State, Zip	Code)	-	
5	David Lee Wong			8506	Heat	ther	wick	Driv	ve Bran	dywi	ne,	MD :	20613	
	20a. METHOD OF DISPOSITION 1 ☐ Burlal 2 🛱 Cremation 3 ☐ Rei	moval from State	20b.PLACE				me of		DATE 2	Oc. LOCA	TION —	City or To	own, State	
	4 Donation A Other (Specify)		Lee Lee	Crema						Clin	ton,	MD	20735	
	21. SIGNATURE OF FUNDERAL SERVICE L	CENSEE	M001	73			Thors		Mortua:	ntr			-	
	Who H.C	Treme							s. La. V		e Pl	S.,	MD 206	595
	23. PARS. Enter the diseases, or shock, or heart failure	complications the	t ceused the d	eath. Do									Approx	imata
	IMMEDIATE CAUSE (Final													Between and Death
	disease or condition resulting in death)	. ATHER	LOSCUE	POTI	UC	DOG	NOIC	DSC	MEDA	-DIS	100	50		
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	DUE TO	(OR AS A CONSE	EOUENCE O	F):									
NO O	Sequentially liat conditions,	b	(OR AS A CONSE	OUENCE O	EV.									
ERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	502.10	(On AS A CONSE	OUENCE O	r).								İ	
딢	CAUSE (Disease or injury that initiated events	c. DUE TO	(OR AS A CONSE	OUENCE O	F):									
토	resulting in death) LAST	d.												
O	PART ii. Other algnificant condition	no contribution to	do ath hut and	no quilate e	In Africa				5 A. L.				7.0	- F1150400E
MEDICAL	THE STATE OF THE S	The Continuating to	deeth but not	recurring	in the ui	nderiyinş	3 cenee 5	liven in		ERFORM		246.	AVAILABLE PRI COMPLETION (OR TO
8									_ 19	FES 2	NO		OF DEATH?	AF CAUSE
2	DID TOBACCO USE	CONTRIBUTE	TO CALL	ICE OF	DEA	TLI V	EC [NO	_ 145	DO	Dry		1 TYES 2	∃ NO
AN	25. WAS CASE REFERRED TO MEDICAL	T	IO CAU	SE OF	DEA			NO FATH (Chi	ock only one)					
SIC	EXAMINER?	HOSPITAL:	ER/Outpetlent	3 DOA	OTHE!	R:			6 Other (Speci	16.1				
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF	INJURY	28b. TIN	IE OF	28c. INJ	URY AT	I	28d. DESCRIBE		URY OCC	URED		
ВУР	1 Netural 5 Pending 2 Accident Investigation	(Month, D	ray, rear)	IN.	JURY M		RK? res 2	ON						
	3 Suicide 8 Could not be	28a. PLACE C	F INJURY — At h	ome, farm,	atreet, fac	tory, office			281. LOCATION (Street and	d Number	or Rural F	Route Number.	
4 Homletde determined determined														
29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, end due to the ceuse(e) end menner as stated.														
MO	one) 2 MEDICAL EXAMIN												i) and manner a	a stated.
ш	29b. SIGNATURE AND TITLE OF CONTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)													
8	MONDONE IN	eghell					Ο	.C.N	1.E.		•	Ü	JUNE 1	,94
임	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAU	SE OF DEATH (ITE	FM 27\ (Time	Print)		-							

PLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

31. DATE FILED (Month, Day, Year)

JUN 0 2 1994



FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

JUN 0 2 1994

		ANTHONY	ROBEI	RT TH	IOMAS,	SR.				Ma	У	31, 🖺	1994	YEAH	12:05 pm
. \		4. SOCIAL SECURITY NUMBER	5.	SEX	8. AGE (In y	rs. last birthday)	IF UNDER		IF UNDER 24 H		TE OF 8	HTRIE		6. BIRTH	PLACE (State or Foreign
14/		198-07-3231	1 [X M 2 □ F	74	YRS.	MONTHS	DAYS	HOURS M	III. Au		15.19	919		" svlvania
3 should	_	9e. FACILITY NAME (If not institution	on, give street	and number)			9b. CITY,	, TOWN OF	LOCATION	OF DEATH				NTY OF DE	
2, 3	5	3843 A Memor	y Lane	2			Abi	ingdo	n				Ha	rfor	rd
es 1,	DIRECTOR		COUNTY			10c. CIT	Y, TOWN C	OR LOCATION	ON						10d. INSIDE CITY
. Pages	#	Maryland	Harfo	ord		,	Abino	nobr							LIMITS? 1 YES 2 NO
permit.		10e. STREET AND NUMBER	IICLIC	<u> </u>	-		DILLO		ZIP CODE				10g. CITI	ZEN OF W	HAT COUNTRY?
SE	FUNERAL	3843 A Memo	rv Tar	ne.				2	1009				T	JSA	
215-0020 attending physician. se as the burial-transit	5	11. MARITAL STATUS	12.	WAS DECEDEN			13.	WAS DECE	NDENT OF H	IISPANIC ORI	GIN? (S	pecify Yea		14. RACE	- American Indien,
902 phy	BY F	1 Never Married 2 Marri 3 Widowed 4 Divorced	led	FORCES? 1 IF YES, GIVE W	AR OR DATE	S NO			olfy Cuben, M		to Ricer	n, etc.)		Specif	, White, etc. fy:
21215-0020 al or attending physic for use as the burial				WII										whi	te
121	COMPLETED	15. DECEDEN (Specify only high	T'S EDUCATION COMP		16	 DECEDENT'S (Give kind of life. Do NOT u. 	work done of					D OF BUS		USTRY	
	7	Elementary/Secondary (0-12)	Co	ollege (1-4 or 5+	•)	Elect	,	an				ectr: tor]			
AND 21 the hospital or detached for u	N N	17. FATHER'S NAME (First, Middle,	Last)			BICC	CT 1C1	T	18 MOTHER	'S NAME (Fin				Lr	
Z 3 2 %	EC	Albert (nmm)		mac				- 1							
Should belitted	0	19a. INFORMANT'S NAME (Type/P)		ias		19b. MAILING	ADDRESS	Street an	Sara d Number or I	Rural Route N	_	Richt	-	Code)	-
	2	Vicki A. Ment	zer			601 P							210		
must be		204. METHOD OF DISPOSITION				ACE AND DATE	OF DISPOS				ATE		CATION —	City or To	wn, State
D 8 8 E		1 X Burlet 2 Cremation 3 4 Donation 5 Other (Spec		from Stata	- Hia	ry, crematory or o hview I	ther place) Memor	rial	Garde	ns 6	-3-	94 E	alls	ston.	Md.
ALTIMO death. Page 6 funeral direct		21. SIGNATURE OF FUNERAL SEI	TVICE LICENS	EE O	1		22.	NAME AND	ADDRESS (OF FACILITY					
ALTIN death. Pag e funeral dia t.		Stephen	1.	thece	les										me, P.A.
after after mova		23. PART I. Enter the diseas	ies, or com	olications that	t caused th	e death. Do	not enter	the mod	okesb	, such as c	OdQ	or reapir	atory arr	est.	1d. 21009
5 2 9		shock, or heart IMMEDIATE CAUSE (Final	fallure. List	only one cau	se Dn each	line.									Interval Betwee
with with opletely fill cremation,		disease or condition		1	4 cm	to mo	wz	ned	in	lug	for	te	m		
ted with no completely filled ial, cremation, on cevent, the m		resulting in death)	a	DUE TO	(OR AS A CO	NSEQUENCE 6	h:			V		V 21 3			
C 68760 executed with and comple o burial, cre	Z	Sequentially list conditions,	D	-	·										
X a ca E	CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING		DUE TO	(OR AS A CO	INSEQUENCE O	F):								
BO ficate be physicia ne prior	JE C	CAUSE (Disease or Injury	c	DUE TO	OR AS A CO	INSEQUENCE O	n.								
S, P.O. B(death certificate statending physiental Hygiene pri	E	that initiated events resulting in deeth) LAST	П		(or no n ou		. ,.								İ
S, F e death the atter Mental	S		d												
	AL	PART II. Other significant ci	onditions co	ontributing to	deeth but	not resulting	In the un	derlying	cause give	en in Part i.	. 244	PERFORI		24b.	WERE AUTOPSY FINDING AMAILABLE PRIOR TO
O = g = 7	MEDICAL		(1)	-13							1 [TES 2	8 NO		OF DEATH?
RECOR v requires that been signed by r, of Health an	M		(+1)		-										1 TES 2 NO
L law bept.	AN:	26 WAS CASE DESERVED TO 145	non I												
VITAL IAN: The law rifficate has be State Dept.	SICIAL	25. WAS CASE REFERRED TO ME EXAMINER?	н	SPITAL:			OTHER	₹:	CE OF DEAT						
F VIT, SICIAN: Th certificate the State	PHYS	1 YES 2 NO.	11	inpatient 2 28a. DATE OF		28b. TIN		28c. INJU	A Reside			ecify) BE HOW IN	IIIImy ooy	OURED.	
NG PHYSIC frer this cer eath with th		1 Return 5 Pend		(Month, Di		IN.	JURY M	WOR			DEŞCHII	DE NOW IN	DURY OCC	JUNED	
ON VDING After death	BY	2 Accident Invest 3 Suicide 8 Could	tigation	28a. PLACE OF	F INJURY —	At home, ferm,	street, fect				OCATID	N (Street a	nd Number	or Rural R	loute Number,
S after 25	필	_ 0 00000	mined	building,	atc. (Specify)							wn, State)			
	COMPLETED	29a. CERTIFIER 1 CERTIFYIN	IG PHYSICIAN	: To the best of	my knowledd	a. death occurr	ed at the t	ime, data	nd place an	d due to the	causale) and man	per se stat	ad	
로 로 로 ==	OME	onel) end menner as stated
THE HOSPITAL THE FUNERAL filed within 72 PORTANT: If	ECC	29b. SIGNATURE AND TITLE OF C	ERTIFIER	7	1				29c LICENSI	E NUMBER			29d, DAT	E SIGNED	(Month, Day, Year)
TO THE TO THE be filed	O BE	A. no	ral	con	1	20			Do	809	10	,	•	5	131/94
	ĭ	30. NAME AND ADDRESS OF PER	SON WHO CO	MPLETED CAUS	SE OF DEATH	(ITEM 27) (Type	, Print)			JU 1	1/2			5 1	1 0 "
		DK, AN	reu	No	WAK	000S	Ki.	6	15 N	. MA	1N	57	B	211	HR MI

Jalia Davidson Randall

CERTIFICATE OF DEATH

94 17228 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO. 2. DATE OF DEATH MONTH MAY 31, 1994 3. TIME OF DEATH YEAR 12:05 pm M DATE OF BIRTH (Month, Day, Year) BIRTHPLACE (State or Foreign Country) 15.1919 Pennsylvania 9c. COUNTY OF DEATH Harford 10d. INSIDE CITY LIMITS? 1 - YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? USA ORIGIN? (Specify Yea or No-ruerto Rican, etc.) 14. RACE — American Indien, Bleck, White, atc. Specify: white 16b. KIND OF BUSINESS/INDUSTRY Electric Motor Repair (First, Middle, Maiden Sumame) m) Richmond e Number, City or Town, State, Zip Code) Air, Md. 21015 20c. LOCATION — City or Town, State 6-3-94 Fallston, Md. nas III Funeral Home, P.A. Road, Abingdon, Md. s cerdiec or respiratory arrest, Approximate **Onset and Death** faction

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC			MENTAL HYGIENE REG. NO.		
	rgaret Joh		mas	- 51	2. DATE OF DEATH MONTH DAY May 23,	1994	3. TIME OF DEATH 6:00 P
4. SOCIAL SECURITY NUMBER 214-32-6876	1□MXXF 8			IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Pay. Year) 11/12/19	Coun	HPLACE (State or Foreign fry) Maryland
98. FACILITY NAME (If not institution, give et 700 Locust Str		96	o. city, town or Ca	mbride		Dorch	nester
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c, CITY, TO	OWN OR LOCATIO				10d. INSIDE CITY
Maryland Dor	chester	Ca	mbridg	e IP CODE		IO. CITIZEN OF	LIMITS? X YES 2 NO WHAT COUNTRY?
700 Locust St			10.12	2161		-	JS
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	ZAL ANO	If yes, speci		NC ORIGIN? (Specify Yes or n, Puerto Rican, etc.)	No — 14. RAC Blac Spec	E — American Indian, ck, White, etc. White
15. DECEOENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	ATION completed) College (1-4 or 5 +)	life. Do NOT use re	done during most	of working	16b. KIND OF BUSIN		
17. FATHER'S NAME (First, Middle, Last) Walter Brom	well Johns				ME (First, Middle, Maiden Suit		12/4/05
190. INFORMANT'S NAME (Type/Print) Kenneth R. Tho		2-A S	Shady D	rive (Route Number, City or Town, S Cambridge,	Md. 2	21613
20a METHOD OF DISPOSITION 1 N Burlel 2 Cremetion 3 Remo 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUTIERAL SERVICE LICE		PLACE AND DATE OF D etery, crematory or other CONTINITY	Church		5/27 Churc	ch Cree	
23. PAHTIV Enter the diseases, or c	Lomes		Thomas 700 Lo	Funera cust St	1 Home . Cambridge		21613
IMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A	APT HE CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF):	A	2065]			Interval Betwee Onset and Deal MINUTE
PART II. Other algorificant conditions	. s contributing to death b	ut not resulting in t	ha underlying o	cause given in	Part I. 24a. WAS AN AU PERFORME 1 YES 2	ED?	b. WERE AUTOPSY FINDING MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 inpatient 2 ER/Outp		THER:	E OF DEATH (Ch	eck only one) 8 Other (Specify)		
27. MANNER OF GEATH 1 Natúral 5 Pending 2 Accident investigation	28e. DATE OF INJURY (Mornth, Day, Year)	28b. TIME O	F 28c. INJUF WORK	TA Y	28d. OEŞCRIBE HOW INJU	URY OCCURED	
3 Suicide 6 Could not be determined	28s. PLACE OF INJURY building, etc. (Spec	— At home, ferm, streetly)	et, factory, office		281. LOCATION (Street and City or Town, State)	l Number or Rural	Floute Number,
neal .	CIAN: To the best of my know R: On the bests of examination						(s) end menner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIER	ulg	In		LICENSE NUI	MBER 2	DATE-BIGNE	6 (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WHO	32. REGISTRAR'S SIGN	py /s		23 B	YRN ST (CAMP	3 Mills la
MAY 3 1 1994	Jalia Davidsor	Revdall					

BALTIMORE, WARY AND 21215-0020 ours after death. Page 6 may in the hospital or attending physician. DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with 1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	HERBERT 4. SOCIAL SECURITY N	IMBED	WILLIAN 5. SEX	6. AGE (in yrs, ia	VANFL	EET IF UNDER 1 YEA			05	18)4	2355
	579-48-46		1 🛛 M 2 🗆 F	59	· · ·	MONTHS DAY		MIN.	7. DATE OF B	V Monet	34	Country	
	90. FACILITY NAME (# n		street (ind number)			9b. CITY. TOW	MN OR LOCATI	ON OF DE	EATH			TY OF DE	
CTOR	SACRED HE						BERLAN			ALLEGANY			
DIRECT	10a. STATE	10b. COUN	gany		10c. CITY,	town or Lo	ocation nd						10d. INSIDE CITY VIMITS?
FUNERAL	100. STREET AND NUMBER 216 Sout		Street				10f. ZIP COD 21	.502		1	109. CITIZ USA	ZEN OF W	HAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 3 Widowed 4			NT EVER IN U.S. AI 1- YES 2 WAR OR DATES		If yes	DECENDENT (s, specify Cubi YES 2 NO	en, Mexica	NIC ORIGIN? (Sp in, Puerto Rican y:	pecify Yes or i, etc.)	No-	14. RACE Black Specifi Whi	
ED	15. (Specify	DECEDENT'S ED	UCATION to complete of	16a. Di	ECEDENT'S U	JSUAL OCCUP	ATION		16b. KINI	D OF BUSIN	ESS/IND		
LET	Elementary/Secondar		College (1-4 or 5	1/6	B. Do NOT use	retired.)	g most of worki	ng					
	12			pi	pefit	ter				Tire	e Co	٥.	
COMP	17. FATHER'S NAME (Firs	t, Middle, Last)					16. MOT	HER'S NA	ME (First, Middle	, Malden Sur	meme)	10,00	
ш	Bruce Va	nFleet					Gol	die	(Tr:	iplet	tt)		
8 0	19e. INFORMANT'S NAM			15	16. MAILING	ADDRESS (Stre			Route Number, C			Code)	
5	Carol	т.	VanFlee	t	216	South	Tee	Stre	et Cum	herl	and	MD	21502
	20a. METHOD OF DISPO	SITION		20b. PLACE	AND DATE OF	FDISPOSITION		- Andala	DATE	20c. LOCAT			
	X Buriel 2 Crem 4 Donation 5 0		moval from State		+ Mom		Park		5/21/				
	21. SIGNATURE OF FUN		ICENSEE	LSunse	r Men	22. NAMI	E AND ADDRE	SS OF FA	CILITY			and	עויי
	1		701	0	011	Sca	rpell	i F	uneral				
	23. PART I Enter th	200	+ (X)	carl	UL	Cum	berla	ind,	Mary.	land	2:	1502	2
	reauiting in death)	,	(A)	TALES IN	CIO		1 - 1-U	MA					
TIFICATION	Sequentially list cor if any, leading to im cause. Enter UNDEF CAUSE (Disease or thet initiated events resulting in death) I.	mediate RLYING injury	b. DUE TO	O (OR AS A CONSE	EOUENCE OF)):	r-1u	ng					
EDICAL CERTIFI	Sequentially list cor if any, leading to im cause. Enter UNDEF CAUSE (Disease or thet initiated events	mediate RLYING injury	b	O (OR AS A CONSE	OUENCE OF)):	lying cause	given in		. WAS AN AU PERFORME	ED?	24b.	WERE AUTOPSY F AMALABLE PRIOR COMPLETION OF 0 OF DEATH?
MEDICAL CERTIFI	Sequentially list cor if any, leading to im cause. Enter UNDEF CAUSE (Disease or thet initiated events resulting in death) L	mediate RLYING injury	b	O (OR AS A CONSE	OUENCE OF)):	lylng cause	glven in		PERFORME	ED?	246.	AVAILABLE PRIOR COMPLETION OF OF DEATH?
MEDICAL CERTIFI	Sequentially list cor if any, leading to im cause. Enter UNDEF CAUSE (Disease or thet initiated events resulting in death) L	mediate ILYING injury .AST	b. DUE TO C. DUE TO d	O (OR AS A CONSE	COUENCE OF)	the underi	iying cause		1	PERFORME	ED?	246.	AVAILABLE PRIOR COMPLETION OF OF DEATH?
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CO	17. FATHER'S NAME (First, Joseph C.		Sr.						First, Middle, Meiden Hope M		a Wi	se
TO BE	19. INFORMANT'S NAME	(Type/Print)	,				et end Number o	Rural Route	Number, City or Tow	rn, State, Zip (Code)	
	Debra S. 20a. METHOD OF DISPOS	BITION			.U. D			DD TS	land, M	D ZU	0625	. State
	MDBurlel 2 Cremat 4 Donation 5 Oth	ner (Specify)			ema G nor othe	Et Cer	n. 6/	3/9/	Iss	ue,MI	D	
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NEET SID WELL

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within—nours after death. Page 5 may be retained by the intending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARW AND 2/215-0020

1 - FOR STATE REGISTRAR

	REGISTRAR				CEN	HEIC	AIE OI	DEA	I II	REC	G. NO.			
ļ	1. DECEDENT'S NAME (First									2. DATE OF DE	ATH DAY	v	YEAR	3. TIME OF DEATN
- 1	JOSEPHIN		A WARNICI	K					_		12.	19		5:30 A. M
	4. SOCIAL SECURITY NUME 220-38-002	BER	5. SEX		yrs. last birtl		UNDER 1 YEAR	_	R 24 HRS.	7. DATE OF BIR	TH		8. BIRTH Countr	PLACE (State or Foreign
	220 30 002,		1 🗆 M 2 🗗 F		54 v	RS. MOI	NTHS DAYS	HOURS	MIN.	May 15	19:	39		″dd
	9e. FACILITY NAME (If not in	natitution, give s	treet and number)			9b	CITY, TOWN	OR LOCATI	ION OF DE	ATH		9c. COU	NTY OF D	
DIRECTOR	Egle Nursi	ng Hom	e			_	Lona	conin	g			A11	egany	y
5	RESIDENCE OF DEC													
E		10b. COUNTY					OWN OR LOC							10d. INSIDE CITY
9	Md	Alle	gany			Lona	conin							1 A YES 2 NO
FUNERAL	10e. STREET AND NUMBER						1	01. ZIP COD	_			_		WHAT COUNTRY?
ÿ I	0 Jackso	n St.						21539					IS .	
교	11. MARITAL STATUS 1 Never Married 2		12. WAS DECEDEN FORCES? 1	YES	2 NO		13. WAS DE	ECENDENT (OF NISPAN	C ORIGIN? (Spec	cify Yee etc.)	or No—	14. RACE Black	- American Indien, , White, etc.
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4	Unknown	F-14)	College (1-4 or 5	*)	Hom	nemak	er			Hom	e			
COMPLETED	17. FATHER'S NAME (First, M	liddle, Last)						18. MOT	HER'S NAI	AE (First, Middle,		Surmarne)		
	Clarence 1	-POW	Rooman							Nicol		Jamanoj		
B	19a. INFORMANT'S NAME (7		Decinari		19b. MA	VILING AO	DRESS (Street			oute Number, City	or Town	State Zir	Codel	
2	Helen Be	eman								coning,				
	20 METNOO OF DISPOSIT	ION		20b. P	LACEANDO	DATEOFD	ISPOSITION //	Name of		OATE 2		ATION —		wn. State
	1 Buriel 2 Crematic		oval from State	cemete	Mt. V	1eW	Cemet	erv 5	-14-	94		rton		
	21. SIGNATURE OF FUNERA	BEHVICE LIC	CENSEE /	/	7					Servic			,	
- 1	N 7/10	m.	O Bo	» (_	n o se h	MI	
\neg	23. PART I. Enter the	SARASAS OF	complications the		the death	Do not	111	Citui	CII S	t. West	ern	port	, FIG	
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	IMMEDIATE CAUSE (Fir disease or condition	nal		= 0/	. 11-	1	F .1				40			Onset and Death
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8				xamination e	end/or invest	rigation, in	i my opinion,	death occu	red at the t	ilme, date and pl	ace, end	due to th	e ceuse(e) end manner ee stated.
BE	29b. SIGNATURE AND TITLE	OF CERTIFIER	Thomy	5000	culy	MD.		29c. LICI	ENSE NUM	BER	\Box	29d. DAT		(Month, Day, Year)
p	19	an.		/ev	li	. 140	3/	105	140	50		•	5-1	16-94
	30. NAME AND ADDRESS OF	PERSON WN	O COMPLETED CAUS					7,42	,					
	21 DATE EN ED Alors	1049	191 1	ve.	Lon	19 Co.	1/17,	m	1, 2,	1539				
	31. DATE FILED (Month, Day,	17 2	32. REGISTRA	HE SIGNAT	ORE Para	LI								
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DIVISION OF VITAL RECORDS, P.O. BOX 68760	PHY
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, WARKLAND 21215-0020	hours after death. Page 6 may be included by the hought or mending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760.	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with nows after death. Page 6 may be minded by the hospital or are inding physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fille be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation,	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL		MENT OF H		MENTAL HYGIEN				
	1. OECEOENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF OEATH		
		BROOKS W	ILLIAM	WEBB		May 21	1994 YEAR	05:26 ам		
	4. SOCIAL SECURITY NUMBER		In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. BIR	THPLACE (State or Foreign		
	233-14-6668	1 💢 M 2 🗆 F 💮 8	O YRS.	ONTHS DAYS	HOURS MIN.	JULY 26		J VA		
	9e. FACILITY NAME (If not institution, give st			9b. CITY, TOWN C	R LOCATION OF OR		9c. COUNTY OF			
<u>ا</u> ق	Memorial Hospita	<u>al</u>		Cumb	erland		Alle	gany		
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY	,	10c CITY	TOWH OR LOCAT	ION		•	10d, INSIDE CITY		
E	MADWEAND	D(1.3.1777						LIMITS?		
٦	MARYI, AND AT, T, 100. STREET AND NUMBER	EGANY		OLDT(ZIP CODE		16a, CITIZEN OF	WHAT COUNTRY?		
2	ROUTE 1 BOX 42	26			21555		US			
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMEO	13. WAS OEC		IIC ORIGIN? (Specify Ye		CE — American Indian,		
	Never Married 2 Married FORCES? 1 YES 2 NO If yes, specify C				y Cuban, Maxican, Puarto Rican, atc.) Black, White, etc. Snecibil					
BY	3 X Wildowed 4 Olvorced				WHITE					
ᇤᅵ	15. OECEOENT'S EOU (Specify only highest grade	CATION completed)	18a. OECEOENT'S U	rk done durina mo:	N st of working	16b. KINO OF BL	ISINESS/INOUSTRY			
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use	retired.)						
COMPLETED	12	4	SUPER	RINTEN	DENT	CONSTRUCTION				
	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maider				
띪		WEBB			OLLIE		RMAN			
၉	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or To		01000		
	JOANNA L. SYME				Y LANE					
	20a. METHOD OF OISPOSITION 1 Buriel 2 □ Cremation 3 □ Remo		PLACE ANO OATE OF etery, crematory or other	er place)			OCATION — City or			
- 1	4 Donation 5 Other (Specify)		ST LAWN		ARDENS D ADORESS OF FA	5/24 LA	VALE, M	ID		
	The state of the s	11-1			R CHAPE		HILLS	MORTUARY		
	Dangxas	12 Hay	fer	1302	NATION	AL HWY I	AVALE,	MD 21502		
	23. PART i. Enter the diseases, pr o	complications that caused	the deeth. Do no	t enter the mo	de of dying, suc	h ea cardiec or resp	piratory arrest,	Approximate		
							Interval Between Onset end Death			
	disease or condition resulting in death)	· Ventriale Libillation								
	OUE TO (OR AS A/CONSEQUENCE OF):									
χİ	Companie West and the same of the Marie Carlie Mychits									
CERTIFICATION	if any, leading to immediate									
일	CAUSE (Diseese or injury									
	resulting in death) LAST	that initiated events OUE TO (OR AS A CONSEQUENCE OF) resulting in death) LAST						İ		
	d									
A P	PART ii. Other significant condition	s contributing to death be	ut pot resulting in	the underlying	ceuse given in	Pert i. 24s. WAS AI		4b. WERE AUTOPSY FINGINGS		
Š	Hy lotlingra delela Oldaze					COMPLETION OF CAUSE				
				Or DEALINI		1 TYES 2 NO				
ż	DID TOBACCO USE C	CONTRIBUTE TO	CAUSE OF	DEATH Y	ES NO	To l				
¥	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (Ch	eck only one)				
S.	EXAMINER? 1 YES 2 NO HOSPITAL: 1 HOSPITAL: 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)									
PHYSICIAN: MEDIC	27. MANNER OF CEATH	28a. OATE OF INJURY (Month, Day, Year)	26b. TIME	OF 28c. INJ	JRY AT	26d. OEŞCRIBE HOW	INJURY OCCUREO			
BY	1 Natural 5 Pending 2 Accident Investigation	(month, Day, roal)	(Month, Day, Year) INJURY WORK? 1 YES 2 NO							
	3 Suicide 8 Could not be	28s. PLACE OF INJURY — At home, larm, street, factory, office building, atc. (Specify)			281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
-	4 Homicide determined City or Town, State)									
2	29a. CERTIFIER (Check only 1 X CERTIFYING PHYSI									
COMPLEIED	anal	000								
				29c. LICENSE NUI						
盟	N.A.K.	V. A. Kin Thes			D 19318		► (19 7/ac			
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, F	Print)	- 1,01		1	4111		
	Dr. Ranjithan-Oldtown Road-Cumberland, MD 21502									
	31. DATE FILE (Vanth, Day Lear) 994	12 REGISTRIBE WISION	- K-4							
	Peres 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	4								

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

Pages 1, 2, 3 should

FOR STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH MARSHALL **EDWARD** WHITE 05 94 5:40 PM 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign 1X M 2 F DAYS HOURS 68 MARYLAND 219-14-5795 05 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY. TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR SACRED HEART CUMBERLAND HOSPITAL ALLEGANY 10e. STATE 10b. COUNTY IDC. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND ALLEGANY CUMBERLAND 1 X YES 2 NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 507 ROSE HILL AVENUE 21502 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT, EVER IN U.S. ARMED FORCES? 1 \(\) YES 2 □ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—tf yee, specify Cuben, Mexicen, Puerio Rican, atc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black. White, atc. 1 Never Merried 2 X Married B 3 Widowed 4 Divorced WHITE WWII & KOREA 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working COMPLETED 15. DECEDENT'S EDUCATION ecify only highest grade completed) 16b. KIND OF BUSINESS/INDUSTRY (Specify only higher Elementary/Secondary (0-12) KELLY-SPRINGFIELD College (1-4 or 5+) FACTORY WORKER TIRE COMPANY 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) ERNEST WHITE. HAZEL DAYTON BE 19a. INFORMANT'S NAME (Type/Print) et end Number or Rural Route Number, City or Town, State, Zip Code) 2 SHIRLEY G. WHITE ROSE HILL AVENUE - CUMBERLAND, MD 21502 200. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, Stata 20e. METHOD OF DISPOSITION

1

| Buriat 2 | Cremetion 3 | Removal from State
4 | Donation 5 | Other (Specify) Cometery, cremetory or other ple MSVC-ROCKY FLINTSTONE, MD GAP 22. NAME AND ADDRESS OF FACILITY 21. SIGNATURE OF FUNERAL SERVICE LICENSEE GEORGE-UPCHURCH FUNERAL HOME, 202 GREENE ST., CUMBERLAND, MD 21502 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, Mphangdic CARCINOMA 1 MIN O. Approximate Interval Between Onsat and Deeth ahock, or heert failure. List only ause on each line. **IMMEDIATE CAUSE (Final** disease or condition_ 5Mode. resulting in death) CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEOUS if any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY WERE AUTOPSY FINDINGS MEDICAL MAIL ARLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 | YES 2 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) NOSPITAL: 1 YES 2 Inpatient 2 - ER/Outpatient 3 - DOA NO 4 Nursing Home 5 Residence 8 Other (Specify) 28e. DATE OF INJURY (Month, Day, Year) 28b, TIME OF 28c, INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 27. MANNER OF DEATH 5 Pending Investigation 1 Natural 2 Accident 1 YES 2 NO BY 28e. PLACE OF INJURY — At home, ferm, atreet, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be COMPLETED 4 Homicide CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and r ICENSE NUMBER BE 2 31. DATE FILED (Month, Day, Year)
MAY 25 32. REGISTRAR'S SIGNATURE

Free Company

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, P.O. BOX 68760 BALUMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a hours after the any retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	d. or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once
DIVISION OF VITAL RECORDS, P.O. BOX 68760	OSPITAL OR ATTENDING PHYSICIAN: The law requires that the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fune be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT: If Item 28 is marked, or Item 23 shows any Infe

TO BE COMPLETED BY FUNERAL DIRECTOR

1994

					(0)	94 1	7235	
FOR 1 • STATE REGISTRAR	STATE OF MARYL		RTMENT OF H		MENTAL HYGIEN	E		
1. DECEDENT'S NAME (First, Middle, Li	est)				2. DATE OF DEATH		3. TIME OF DEATH	
MONTH DAY YEAR								
4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7 DATE OF BIRTH	a BIRTI	11:50 P M	
185 14 8846	1 □ M 2 🙀 F 9,	4 YRS.	MONTHS DAYS	HOURS MIN.	5-14-1900	Count	Pa.	
9a. FACILITY NAME (II not institution, gradual description of the control of the	9a. FACILITY NAME (If not institution, give street and number) GOOdWill Mennonite Home, Inc. Dorsey Hotel Rd. Grantsville Garrett Generation of Death Garrett							
10a. STATE 10b. COL		10c. CIT	Y, TOWN OR LOCAT	TION			10d. INSIDE CITY	
Md. Ga	errett Co.		rantsvil				LIMITS?	
10e. STREET AND NUMBER				f. ZIP CODE		10g. CITIZEN OF		
Dorsey Hote				21536			USA	
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 Tyes IF YES, GIVE WAR OR D	2 -NO	If yea, sp		NIC ORIGIN? (Specify Yes in, Puerto Rican, atc.) y:	Blac	E — American Indian, k, Whita, atc. WWhite	
15. DECEDENT'S I (Specify only highest g			USUAL OCCUPATION		16b. KIND OF BUS	INESS/INDUSTRY		
Elementery/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT us	y Worker		Shir	t Factor	v	
17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maiden		<u></u>	
Lewis Manka	myer			Elno	ra Bittner			
Judith Ritchi	.e				Route Number, City or Town			
20a. METHOD OF DISPOSITION 1-1 Burlai 2 Cremation 3 F 4 Donation 5 Other (Specify)	tamoval from Stata 20t	b. PLACE AND DATE Of the start, cremetons of of the start	of disposition (Na page 12)		DATE 20c. LOV Lay24-94 RD	CATION - City or To		
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE		22. NAME AN W •	n Pric Main St.	e Funeral , Meyersda	Home, In le, Pa.	c• 15552	
23. PART I. Enter the diseases, ehock, or heert fellu IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	a. Cardio VA	eech line.	r F	a; luce		ratory errest,	Approximeta interval Between Onset and Death	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS)	CONSEQUENCE OF	tery	DiscA	se.			
CAUSE (Disease or injury that initieted events resulting in deeth) LAST	DUE TO (OR AS A	A CONSEQUENCE OF	<i>F</i>):					
12 ia bites mellitus. Performed? 1 yes 2 No OF D							. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
25. WAS CASE REFERRED TO MEDICA	L		26. PI	ACE OF DEATH (Ch	neck only one)			
EXAMINER?	HOSPITAL: 1 Inputient 2 ER/Outs	tostlant 3 DOA	QTHER:		8 Other (Specify)			
27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c. INJ		28d. DESCRIBE HOW II	JURY OCCURED		
2 Accident Investigati 3 Suicide 8 Could not 4 Homicide detarmined	be 28s. PLACE OF INJURY building, etc. (Special Control of the Con	Y — At home, term, a			281. LOCATION (Street a City or Town, State)	nd Number or Rural I	Route Number,	

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION 29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my kn 2 MEDICAL EXAMINER 79c. LICENSE MUMBER 29d. DATE SIGNED (Month, Day, Year) 340 mD 05-23-94 PLETED CAUSE OF DEATH (ITEM 27) (Type, Print) BCI+ZCI MD

32 AGGISTHAN'S SIGNATURE

The Mortdoon hardell GRANTSWIlle MD ames 0 31. DATE FILED (Month, Day, Year) MAY 25

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TENDING PHYSICIAN: The law requires that the death certificate be executed with course the certificate be executed with course the certificate be executed with course the certificate by the hospital or attending physician.	OR: After this certificate has been signed by the attending physician and completely filled in by the funeral effector, page 5 should be detached for use as the burial transit permit. Pages 1, 2, 3 should	the State Dept. of Health and Mental Hygiene prior to burial, cremation	8 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL DR ATTENDING PHYSICIAN: T	TO THE FUNERAL DIRECTOR: After this certificate	be filed within 72 hours after death with the Stat	IMPORTANT: If Item 28 Is marked, or Ite

	HEGISTHAH			EHIIF	CALE	OF DEA		REG. NO.				
	1. DECEDENT'S NAME (First, Mick	12-	Ţ					2. DATE OF DEATH MONTH DA		YEAR	3. TIME OF DEATH	
	Robert A.	WILSOI 5. SEX							994		5:22 P M	
	214-07-6475	1 N 2 F	6. AGE (In yrs. I	YRS.	MONTHS D	AYS HOURS	R 24 HRS.	7. DATE OF BIRTH (Month, Day, Year) Aug. 21, 191	.	Countr	PLACE (State or Foreign y)	
	9a. FACILITY NAME (If not instituti	~~	70	THO.	AL CITY TO	WN OR LOCAT	ION OF B			MCI NTY OF D		
œ.				ION OF DI	AIN							
2	Franklin Square Hospital					Baltimore			ват	Baltimore		
DIRECTOR	Md 106. STATE B	y town or location 1timore				10d. INSIDE CITY LIMITS? 1 X YES 2 NO		LIMITS?				
FUNERAL	100. STREET AND NUMBER 809 COMPAS	s Rd.				10f. ZIP COI			10g. CITI	USA	WHAT COUNTRY?	
Ž						212			<u> </u>	מטמ	`	
	11. MARITAL STATUS 1 Never Merried 2 X Merr		YES 2 X		If yo	s, specify Cub	en, Maxica	HC ORIGIN? (Specify Yearn, Puerto Ricen, atc.)	or No —	Black	— Americen Indian, c, White, etc.	
B	3 Widowed 4 Divorced	IF YES, GIVE V	AR OR DATES		1 -	YES 2 X NO	Specif	<i>y</i> :		Whi	te	
2		HT'S EDUCATION nest grade completed)	16e. £	DECEDENT'S	USUAL OCCL	PATION		16b. KIND OF BUS	SINESS/INC	OUSTRY		
4	Elementary/89 condary (0-12)	College (1-4 or 5				ng most of work	ing		1			
<u> </u>	12	0	Sce	el Wo	rĸ				Steel			
COMPLETED	17. FATNER'S NAME (First, Middle, Leonard David	d Wilson				18. MO	TNER'S NA	ME (First, Middle, Malden Ellen Bee	Surname)			
H R												
2	19a. INFORMANT'S NAME (Type/F Elizabeth M.	Jones		Rt.36	Box	163, I	or or Rural	noute Number, City or Tow.	n, State, Zip 21539	Code)	6	
	20e. METNOD OF DISPOSITION										wn, State	
	1 Starial 2 Cremation 3 4 Donetion 5 Cother (Spec		c Satet ery, c	Josepl	rs®en	netery	May	27, 1994	Midl	and,	Md.	
	21. SIGNATURE OF FUNERAL SE	RVICE LIGENSEE				ME AND ADDR						
	> has ()	like-						Cenzie Fune L. 21539	ral	Home		
	23. PART J. Enter the disease	ses, or complications the failure. List only one cau	t caused the	death. Do n	ot enter the	mode of d	ying, suc	h as cardiac or respi	ratory arr	reat,	Approximate	
	IMMEDIATE CAUSE (Final	landle. Elat Only Ona Cat	ise on auch m	iid.							interval Batween Onsat and Daath	
	disease or condition resulting in death)	a. Acute	myocard	ial i	nfarc	ion						
			ORAS A CONS			cular	die	226				
5	Sequentially list conditions	b	(OR AS A CONS			Culai	ulse					
4	if any, leading to immediate cause. Enter UNDERLYING	, DOE 10	(OR AS A CORS	EUDENCE OF	1.							
CERTIFICATION	CAUSE (Disease or injury that initiated events	C. DUE TO	(OR AS A CONS	EOUENCE OF):							
=	resulting in death) LAST	d										
	PART II. Other aignificant c	poditions contribution to	death but ant	ranifelan I	n the code		aluan In	Bank Law und au				
DICAL		Diamona opinioaning to	death but not	reading i	ii tile dilde	nymy cause	given in	Part i. 24s. WAS AN PERFOR		246	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION DF CAUSE	
								1 YES 2	™ NO		OF DEATH?	
Σ								_			1 🗌 YES 2 🗌 NO	
SICIAN	25. WAS CASE REFERRED TO ME	DICAL				26. PLACE OF	DEATH (Ch	eck only one)				
2	EXAMINER? 1 ☐ YES 2 XNO	HOSPITAL:	YER/Outpatient	3 DOA	OTHER:			6 Other (Specify)				
7HY	27. MANNER OF DEATN	26e. DATE OF	INJURY	28b. TIMI	E OF 28	c. INJURY AT	ie siderice	26d. DESCRIBE NOW I	NJURY OC	CURED		
10	Natural 5 Pend 2 Accident	ling (Month, E	wy, rear)	ins	URY M	WORK?	□ NO					
2	3 Sulcide 6 Could	d not be 25e. PLACE C	F INJURY — At I	home, ferm, s	treet, factory,	office		281, LOCATION (Street a City or Town, State)	and Number	or Rural F	loute Number,	
-	4 Nomicide detar	mined										
7	29e. CERTIFIER (Check only	NG PHYSICIAN: To the best of	my knowladge,	death occurre	d at the time	date end plac	a, and due	to the cause(a) and mar	nner es stat	led.		
COMPLE	one) 2 MEDICAL	EXAMINER: On the basis of a	xamination end/o	r Investigatio	n, In my opin	on, death occi	ured at the	time, data end place, an	d due to th	na ceuse(s) end menner es stated.	
O BE C	296. SIGNATURE AND TITLE OF O	CERTIFIER Deal	w			29c. LIC	ENSE NUI	IBER Z3	29d. DAT	E SIGNED	(Month, Day, Year)	
-	30. NAME AND ADDRESS OF PER STOP HUTU K	RSON WNO COMPLETED CAU	SE OF DEATH (IT		Print)	SOI	IR,	, BALTO A	de	212	.37	
	3MAY" 2 (6" 1994")	Julia States	ALE POLICION DE				,					

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	for this certificate has been shared by the attending physical and competed that it is no therein the mental direct page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	
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ending phys	as the buria	
pital or atte	ed for use	
by the hos	be detach	at once.
be retained	Je 5 should	e notified
ope 6 may	director, pa	er must b
nours after death. Page to may be retained by the hospital or attending physician.	the Symeral	examine
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the will	completely	in the state bett. d, or item 23 shows any injury, or other traumatic event, the medical e
dis be even	ysician and	traumati
YSICIAN: The law requires that the death certificate be executed will	the graphent	or other
that the de	ed by the a	any injury
saunbai wa	S been sign	3 shows
CIAN: The I	ertificate ha	or item 2
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AL OR ATTENDIN	HE FUNERAL DIRECTOR: After	to find within 72 hours after death with the State Upper of the state Upper of the State Upper of the State Upper Order o
HOSPITAL	FUNERAL	TANE II
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UMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

1. DECEDENT'S NAME (First, Middle, Last)

1. DECEDENT'S NAME (First, Middle, Last)

1. DECEDENT'S NAME (First, Middle, Last)

	1. DECEDENT'S NAME (First	t, Middle, Last)								2. DATE OF			100	3. TIME OF DEATH
	CLARENCE		WILBERT	r	1	WALTI	ERS			MAY	24		1994	22:20 p M
	4. SOCIAL SECURITY NUM	BER	5. SEX	6. AGE (In yrs. les	t birthday)	IF UNDER	1 YEAR	1	R 24 HRS.	7. DATE OF I	BIRTH (Nar)		8. BIRTH	IPLACE (State or Foreign
	214-07-384	42	1 XM 2 F	81	YRS.	MONTHS	DAYS	HOURS	MIN.		15	12	Count	ľD
1	9a. FACILITY NAME (If not in	nstitution, give s	street and number)			9b. CITY	, TOWN	OR LOCAT	ON OF DE	ATN		9c. COU	NTY OF D	EATN
6	SACRED HI	SACRED HEART HOSPITAL				CUMBERLAND ALLEGANY				NY				
E I	10e. STATE	10b. COUNT				Y, TOWN		TION						10d. INSIDE CITY
ة	MD	Alle	gany		Kaw	ling	gs							12 YES 2 NO
FUNERAL DIRECTOR	100. STREET AND NUMBER 18028 McM		Highwa	У			10	7. ZIP COD	557			USA		WHAT COUNTRY?
B	11. MARITAL STATUS 1 Never Married 2 X 3 Widowed 4 Dive		FORCES?	NT EVER IN U.S. AR	MED NO		If yes, sp		nn, Mexica	IIC ORIGIN? (S n, Puerto Rice r:		or No—	Blac	E — American Indian, k, White, etc. ib: 1 te
3	15. DEC	CEDENT'S EOU	CATION completed)			USUAL O			ina.	16b. KIN	OF BUS	INESS/INI	DUSTRY	
4	Elementary/Secondary (College (1-4 or 5	life	Do NOT u	se retired.)	Janny III	OSI OF WORK						
M				ret	tire	d					bal	llis	tic	S
COMPLETED	17. FATNER'S NAME (First, M									ME (First, Middl				
BE	Charles C		ters							. (Lo	_			
2	19a. INFORMANT'S NAME (Route Number, (01555
	Ula		Walters						Hig					21557
	20e, METHOD OF DISPOSIT	on 3 🗆 Rem	oval from State	20b. PLACE	matory or o	of DISPOS	MYMOITIE	leme of	done	5/27/	20c, LOC	ATION —	City or To	own, Stata
	21. SIGNATURE OF FUNERA		CENSEE	Restr	dWII I								MD	
	+ Jano	20 7	201c	well	1					unera Mary			150	2
CENTIFICATION	disease or condition resulting in daeth) Sequentially list condit if any, leeding to imme cause. Enter UNDERLY CAUSE (Disease or injied that initiated events resulting in death) LAS	edieta ring ury	6	O IOR AS A CONSEI	OUENCE O	n: 4-1	rold	44 /	7	nete				10 year
MEDICAL	PART II, Other significa	ant condition	e contributing to		resulting	in the ur	nderlyln	ng cause	given in		PERFOR	MED?	246	. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED T EXAMINER?	TO MEDICAL	HOSPITAL:				_	LACE OF E	DEATH (Ch	eck only one)				
2	1 TYES 2 NO			ER/Outpatient 3	□ DOA	4 Nur		ne 5 □ R	esidence	8 Other (Sp	pecify)			
BY PH	27. MANNER OF DEATH 1 Netural 5 2 Accident	Pending Investigation	28a, OATE Of (Month, I	F INJURY Day, Year)	28b. TIR	ME OF JURY M	W	JURY AT ORK? YES 2 [□ NO	26d. DESCRI	BE HOW II	JURY OC	CURED	
	2 Sudelde	Could not be determined		OF INJURY — At ho , etc. (Specify)	ome, farm,	street, fact	lory, offic	ce		28f. LOCATIO	ON (Street a own, State)	nd Numbe	r or Rural	Route Number,
COMPLETED	anal		ICIAN: To the best of											a) and manner as stated.
IO BE C	29b. SIGNATURE AND TITLE	N	Bu	MO				29c. LIC	ENSE NUI	ABER 532		29d. DAT	S Signet	(Month, Day, Year)
	30. NAME AND ADDRESS OF THE PROPERTY OF THE PR	BI BI	CZQ//	40.9	M 27) (Type	Set	On	Dr	ive	Cur	nber	Jan	d	MD 21502
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2	irehtas th	Signed by t
The contact of the contact	requires that the dath certificate be executed with ours after death. Page 6 may be retained by the hospital or attending phy	een signed by the attendion physician and completely filled in by the funeral director hade. S should be detached for use as the build

DIVISION OF VITAL

1 - FOR STATE REGISTRAR

LOUIS

4. SOCIAL SECURITY NUMBER

1. DECEDENT'S NAME (First, Middle, Last)

RICHARD

WILSON

8. AGE (In yrs. last birthday)

5. SEX

(Month, Day, Year) 11/17/36 DAYS HOURS 214 32 3466 1 M 2 | F 57 YRS. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR Sacred Heart Hospital Cumberland RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION Ellerslie Maryland 10b. COUNTY Allegany permit. FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 21529 BOX 242 ial-transit slcian. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? (TYPES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-1 Never Married 2 Merried If yes, specify Cuben, Mexican, Puerto Ricen, etc.) 1 YES 2 NO Specify: BY 3 Widowed 4 Divorced Korean War 18e. DECEDENT'S USUAL OCCUPATION

Work done during most of working COMPLETED 15. DECEDENT'S EOUCATION (Specify only high (Give kind of work done during life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) PAINTER 12+ 17. FATHER'S NAME (First, Middle, Last, 18. MOTHER'S NAME (First, Middle, Maiden Surneme) 智 LEWIS T. WILSON ETHEL E. WELCH BE notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 MRS. CAROLE WILSON PO Box 242, Ellerslie, Pe 20b. PLACE AND DATE OF DISPOSITION / Name of DATE must RESTLAWN MEM. GARDENS5/31 LaVale, Maryland 4 Donation 5 Other (Specify) examiner S. SIGNATURE OF FUNERAL-SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY HAFER CHAPEL OF THE HILLS MORTUARY Sas 1302 NAT'L HWY., LAVALE, MD 21502 medical 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory errest, shock, or heert fallure. List only one cause on each line. ö IMMEDIATE CAUSE (Final cremation, the diseese or condition Arteriosclerotic heart disease resulting in death) traumatic event. DUE TO (OR AS A CONSEQUENCE OF): prior to burial. CERTIFICATION Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): . Enter UNDERLYING CAUSE (Disease or injury other Mental Hygiene OUE TO (OR AS A CONSEQUENCE OF): that initieted events resulting in death) LAST 0 PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL and shows any of-Health a ICIAN: has be Dept. 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) Item this certificate h EXAMINER? L OR ATTENDING PHYSICIAN: Th L DIRECTOR: After this certificate ? hours after death with the State HOSPITAL! OTHER: PHYSI ER/Outpatient 3 - DOA 4 Nursing Home 5 Residence 8 Other (Specify) 0 27 MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT marked, 5 Pending Investigation 1 Netural 1 YES 2 NO BY 2 Accident 28e, PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 3 Sulcide .00 9 8 Could not be 4 Homicide 28 Щ item 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner ea stated. COMPL HOSPITAL FUNERAL (within 72 h = TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(e) end menner ee stated. CHICHATURE AND TITLE OF SENTURES 29c. LICENSE NUMBER BE Dpty Med Ex D 09157 ğ ANU ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Paul Snow, M.D. 124 w 3rd st Cumb MD 21502 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE

was dander hardall

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

IF UNDER 1 YEAR

IF UNDER 24 HRS.

5

2. DATE OF DEATH 3. TIME OF DEATH 28 94 0:29AM 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign PA 9c. COUNTY OF DEATH Allegany 10d. INSIDE CITY 1 - YES 2 - NO 10g. CITIZEN OF WHAT COUNTRY? USA 14. RACE — American Indien, Black, White, etc. Specify: WHITE 16b. KIND OF BUSINESS/INDUSTRY AUTO BODY MD 21529 20c. LOCATION - City or Town, State Interval Between **Onset and Death** 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES MO OF DEATH? 1 YES 2 NO 28d. DESCRIBE HOW INJURY OCCURED 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29d. DATE SIGNED (Month, Day, Year) 5/28/94

DHMH-16 Rev 1/89

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	1 - STATE REGISTRAR	STATE OF MARYL		ENT OF HEALTH AND TE OF DEATH	MENTAL HYGIEN REG. NO				
	1. DECEDENT'S NAME (First, Middle, Las	White				8 S.	3. TIME OF OEATH		
	4. SOCIAL SECURITY NUMBER 577-09-9174	5. SEX 8. AGE (n yrs. last birthday) IF U	INDER 1 YEAR IF UNDER 24 HRS. IF UNDER 2	7. DATE OF BIRTH (Month, Day, Year)	8.	BIRTHPLACE (State or Foreign Country)		
FOR	90. FACILITY NAME (If not institution, give street and number) NANOK; A MANGE PRINCESS ATTICE SOMER								
DIRECTOR	10a. STATE 10b. COU	OMERSET		WN OR LOCATION			10d. INSIDE CITY LIMITS? 1 X YES 2 NO		
FUNERAL	100. STREET AND NUMBER	HING COUR		10f. ZIP CODE	53	10g. CITIZEN	OF WHAT COUNTRY?		
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	U.S. ARMED 2 NO	13. WAS DECENDENT OF HISPA If yes, specify Cuban, Mexic 1 PES 2 NO Speci	an, Puerto Rican, etc.)	s or No.— 14.	RACE - American Indian, Black, White, etc. Specify: Black		
COMPLETED	15. DECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12)			lone during most of working red.)	16b. KIND OF BU				
OMPI	17. FATHER'S NAME (First, Middle, Last)	4	LAE	BORER 18. MOTHER'S N	ME (First, Middle, Majder	PRINT Surname)	IEK		
BE	190, INFORMANT'S NAME (Type/Print)	NHITE	19b. MAILING ADD	SARA RESS (Street and Number or Rural		AVIMAI			
٩	LOYPAINE E F	OIK	133-364	N.E. WASH	NGTON D.	C. 20	019		
	20a. METHOD OF DISPOSITION 1		b. PLACE AND DATE OF cemetary, crematory or or	EMORIAL CEM	6-494 W	ASTINGT	or Town, Stata		
	21. SIGNATURE OF FUNERAL SERVICE	C. Ceare f.	B	30639 HAMP	DEN AVE	7185	aed F.H. 3		
	23. PART i. Enter the disesses, shock, or heart fellul	or complications that cause re. List only one ceuse on e	d the desth. Do not s sch ilns.	ntsr ths mode of dying, su	ch ss cardisc or resp	olratory screet	Approximate interval Between Onset and Death		
	disesse or condition resulting in death)	DUE TO (ORIAS	CONSEQUENCE OFY	Jailun	1				
NOI	Sequentially list conditions, if any, leading to immediate	b. OUE TO (OR AS	CONSCOPENCE OF):	Har acc	dent				
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS	CONSEQUENCE OF):	lating	0				
	resulting in desth) LAST	a Aller	rostlero	fire Heart	divar	1			
PHYSICIAN: MEDICAL	PART II. Other significant condi	tions contributing to death I	/ /	e underlying ceuse given in	Part I. 24a. WAS A PERFO	N AUTOPSY ORMED? 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL;	l on	26. PLACE OF DEATH (C	heck only one)	-			
HAS	1 Q YES 2 NO 27. MANNER OF DEATH	1 ☐ Inpatient 2 ☐ ER/Out 28a. DATE OF INJURY (Month, Day, Year)		Nursing Home 5 - Residence	8 Chher (Specify) 28d. DESCRIBE HOW	INJURY OCCUP	RED		
ВУ	1 Netural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not	on 28e. PLACE OF INJUR	f — At home, farm, stree	M 1 YES 2 NO	28f. LOCATION (Street	t and Number or	Rural Route Number		
ETED	4 Homicide Could not detarmined	building, etc. (Spe	clfy)		City or Town, State				
COMPLETED	onol	HYSICIAN: To the best of my know					ause(s) and manner as stated.		
BE	29b. SIGNATURE AND TITLE OF CERT	FIER		29c. LICENSE N	JMBER	29d. DATE S	IGNED (Month, Day, Year)		
5	30, NAME AND ADDRESS OF PERSON	WHO COMPLETED CHUSE OF I	TH (ITEM 27) (Type, Prin	0	40	3	71119		
	SI DATE FILED/MOUNT, Clay Now)	94 Jalia David	INTERPORTALL						

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-	REGISTRAR		CERTIFIC	JAIE OF	DEATH	RI	EG. NO.	
	1. DECEDENT'S NAME (First, Middle, Li Maude Mago		Willers	- l		2. DATE OF D	DAY	3. TIME OF DEATN
	4. SOCIAL SECURITY NUMBER		Willough	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF 8	27 199	
	578-24-3139 Se. FACILITY NAME (If not institution, g)	1 🗌 M 2 🖔 F	82 YRS.	IONTHS DAYS	HOURS MIN.	09-26	5-1911	BIRTHPLACE (State or Forei Country) Maryland
OR	Hartley Hall N	Nursing Home			oke Cit			of DEATH Cester
ECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COL		10c. CITY,	TOWN OR LOCAL	TION			10d. INSIDE CITY
DIR		orcester	Р	ocomol	ke City			1 X YES 2 N
FUNERAL	100. STREET AND NUMBER			101	f. ZIP CODE		200	N OF WHAT COUNTRY?
S	1006 Main Str	12. WAS DECEDENT EVER	IN U.S. ARMED	13. WAS DEC	21851 CENDENT OF HISPA	NIC ORIGIN? (Sp	ecify Yea or No- 1	U.S. 4. RACE — American Indian,
BÝ	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES			ecify Cuban, Mexic 2 X NO Speci		, etc.)	Specify: White, etc. Specify: White
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COMPLE	Elementary/Secondary (0-12)	College (1-4 or 5+)	Clerk/				J.S. Gov	ernment
	17. FATNER'S NAME (First, Middle, Last)						, Maiden Surname)	
BE	George R. C 19a. INFORMANT'S NAME (Type/Print)	Urtin	19b. MAILING A	DDRESS (Street a			idwell ty or Town, State, Zip C	ode)
2	Mrs. Añgelã	W. Riggin			rv Par			
	20a. METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 F	Removal from Stata Cer	b. PLACE AND DATE OF metary, crematory or othe	er place)	70.5	DATE	20c. LOCATION - CH	
	4 Donation 5 Other (Specify)		alisbury		TOTY	15/2	Salisbu:	ry. Maryla
	()	Λ		22. NAME A	NO ADDRESS OF P	CILITY		
	23. PAM I. Enter the diseases, shock, or heart failu iMMEDIATE CAUSE (Final disease or condition resulting in death)	or complications that ceuse ire. List only one cause on e	esch line.	t enter the mo	ede of dying, suc	ch aa cerdiac		Approxima Interval Be
IFICATION	immediate conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. CRURNE DUE TO (OR AS A	d the deeth. Do not each line.	t enter the mo	ede of dying, suc	ch aa cerdiac	or respiratory arres	Approximation interval Bet
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MPORTANT: If Item 28 is marked,

James Patrick

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THE STRAP'S SIGNATURE

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Paul Randall Willett, Sr. May 24. 1994 4:15 P 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) 5-6-1909 IF UNDER 1 YEAR 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS 1 M 2 F 577-05-2655 YRS. 85 Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 24791 Hurry Road **Clements** St. Mary's RESIDENCE OF DECEDENT 10b. COUNTY 19c. CITY, TOWN OR LOCATION 10d, INSIDE CITY LIMITS? Md. St. Mary's Clements 1 YES 2 NO FUNERAL 10s. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 24791 Hurry Road 20624 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married If yes, specify Cuben, Mexican, Puerto Rican, 1 ☐ YES 2 ☒ NO Specify: IF YES, GIVE WAR OR DATES 8 Specify: 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a, DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life, Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY intary/Secondary (0-12) College (1-4 or 5+) 7 grades Transportation Truck Driver 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) William W. Willett Lilla Mae Robev BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) Hilda Grace Willett 24791 Hurry Rd., Clements, Md. 20624 20s METHOD OF DISPOSITION

| Burlal 2 | Cremation 3 | Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE Trinity Mem. Gardens 5/27 4 Donation 5 Other (Specify) Waldorf, Md. 21. SIGNATURE OF TANEHAL SERVICE LICENSEE 22 NAME AND ADDRESS OF FACILITY THE HUNTT FUNERAL HOME, INC. Benjamin Matthews M00658 P.O.BOX 156, WALDORF, MARYLAND 20604 23. PART I Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart fallure. List only one cause on each line Interval Between IMMEDIATE CAUSE (Final et and Death disease or condition resulting in death) PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 2XXNO OF DEATH? VIA, 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL: OTHER: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 🗌 Nu 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT 28d. DEȘCRIBE HOW INJURY OCCURED Natural 2 Accident 5 Pending Investigation 1 YES 2 NO ΒY 26e. PLACE OF INJURY — At home, ferm, street, factory, office building, stc. (Specify) 3 Sulcide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be determined BE COMPLETED 4 Homicide 29a, CERTIFIER SERTIFXING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner ee stated. MEDICAL EXAMINER: On the ba ligation. In my opinion, death occured at the time, date and place, and due to the cause(e) and menner ee stated 29d. DATE SIGNED (Month, Day, Year) May 26, 1994 2

Box 431, Leonartown, Maryland 20650

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

PHYSICIAN: The law requires that the death certificate be executed with the continued to the hospital or attending physician.	this certificate has been signed by the attending proportion and competing the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should with the State Debt. of Health and Mental Hypiene prior to burial, community, or removal.	ed, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending preparation and comparative filled in by the fill the filled within 72 hours after death with the State Dept. of Health and Mental Hypiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other train

	1 - FOR STATE REGISTRAR	STATE OF MARYLAN		MENT OF		MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last ELLA	ANNETTA		YATES		2. DATE OF DEATH MONTH D.	3 19	3. TIME OF DEATH 94 1004 HRSm
	4. SOCIAL SECURITY NUMBER 156-16-3818	5. SEX 6. AGE (In yr	s. last birthday)YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Jul 29, 1		BIRTHPLACE (State or Foreign Country) MO
OR	99. FACILITY NAME (If not institution, give Memorial Hospi RESIDENCE OF DECEDENT	·			OR LOCATION OF DI ERLAND	EATH	9c. COUNTY	OF DEATH
DIRECTOR	10e. STATE 10b. COUN			TOWN OR LOCA				10d. INSIDE CITY LIMITS? 1X YES 2 NO
FUNERAL (100. STREET AND NUMBER 46 Boone Stree				H. ZIP CODE 21502		USA	N OF WHAT COUNTRY?
BY FUN	11. MARITAL STATUS X Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	₩ NO	If yee, s		NIC ORIGIN? (Specify Yearn, Puerto Ricen, etc.)		S. RACE — American Indian, Black, White, etc. Specify: White
COMPLETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of wallife. Do NOT use	JSUAL OCCUPAT ork done during m i retired.)	ost of working	16b. KIND OF BU	SINESS/INDUS	
OM	1.7. FATHER'S NAME (First, Middle, Last)	4 r	et sch	nool t	eacher	ME (First, Middle, Meiden	hool	
BE C	Ernest W. Yate	'S				M. Bawde	,	
10 B	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street		Route Number, City or Tow		ode)
-	William 20e. METHOD OF DISPOSITION	Yates						ale, FL 33324
	20e. METHOD OF DISPOSITION Burlel 2 Cremetton 3 Rail 4 Donation 8 Other (Specify)	moval from State cemeter	v. crematory or oth			1		y or Town, State
	21. SIGNATURE OF FUNERAL SERVICE L		Icrest	Burial 22. NAME A	ND ADDRESS OF FA	5/16/ Cur		ind MD
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	23. PART Entar tha diseases, or	complications that caused the	a daath. Do no			Marylane		
	shock, or haart fallura IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause on each	line.	2 n	M	3	,	intarval Batween Onset and Death
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CERTIFICATION	If any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury	C			~>			0
CERTIF	that initiated events resulting in death) LAST	DUE TO (OR AS A CO	NSECUENCE OF);				
AL	PART II. Other significant condition	ona contributing to death but r	ot rasulting in	the undarlying	g cause givan in	Part i. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS
PHYSICIAN: MEDIC						1 - YES	/	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
IAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. F	LACE OF DEATH (Ch	eck only one)		
YSIC	1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outpatient		OTHER: 4 - Nursing Hos	ne 5 🗆 Rasidence	8 Other (Specify)		
ВУ РН	27. MANNER OF DEATH Natural 5 Pending Accident Investigation		28b. TIME	M 1 □	JURY AT ORK? YES 2 NO	28d. DESCRIBE HOW I	NJURY OCCUP	RE D
- 0	3 Suicide S Could not be 4 Homicide determined 28e. PLACE OF INJURY — At home, term, strest, factory, office building, stc. (Specify) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)							
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9c. COUNTY OF DEATH TARFORD

10g. CITIZEN OF WHAT COUNTRY?

3. TIME OF DEATH

8. BIRTHPLACE (State or Foreign

NORTH CAROLINA

10d. INSIDE CITY 1 TES 2 THO

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Approximete Interval Between

WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE

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29d. DATE SIGNED (Month, Day, Year)

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FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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A SOCIAL SECURITY NUMBER 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH Month, Day, Year) 38-9 Pages 1, 2, 3 should 9b. CITY, TOWN OR LOCATION OF DEATH JARRETISVILLE 3823 DIRECTOR RESIDENCE OF DECEDENT 10b. COUNTY 10c CITY TOWN OR LOCATION permit. FUNERAL 10e, STREET AND NUMBER 10f. ZIP CODE 21084 2 funeral director, page 5 should be detached for use as the burial-transit retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 THO WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No 1 Never Married 2 Marrie If yee, specify Cuban, Maxican, Puarto Rican, etc.)

1 YES 2 NO Specify: IF YES, GIVE WAR OR DATES Specify: ВУ 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY College (1-4 or 5+) OME MAKER 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname, ĕ 0 BE notified 19a, INFORMANT'S NAME (Type/Print) Rural Route Number, City or Town, State, Zip Code ဥ CHERCH Page 6 may be must be 20a. METHOD OF DISPOSITION
1 Devial 2 Cremetion 3 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE 4 ☐ Donation 5 ☐ Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 012K 2 32 attending physician and completely filled in by the intra Hygiene prior to burial, cremation, or removal. medicai Enter the diseases, or complications that coused the deeth. Do not enter the mode of dying, such as cerdiac or reepiratory arrest, shock, or beart failure. Elst only one couse on each line. IMMEDIATE CAUSE (Final the disease or condition_ DUE TO (OR AS A CONSEQUENCE OF): resulting in death) event, whoso traumatic CERTIFICATION Sequentially list conditione, DUE TO (OR AS A CONSEQUENCE OF): If any, leeding to immediate cause. Enter UNDERLYING he huone **CAUSE** (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): thet initieted events resulting in death) LAST 6 signed by the atten Health and Mental Injury, PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? MEDICAL 1 | YES 2 1 10 been of H PHYSICIAN: has b Dept. DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO M 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Item certificate I FYAMINER? HOSPITAL: OTHER: 1 YES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA 8 - Other (Specify) 5 (V Rasidence 0 27. MANNER OF DEATH 28a. DATE OF INJURY this c 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Natural 1 YES 2 NO DIRECTOR: After the hours after death vitem 28 is mart BY Investigation 2 Accident 3 Suicide 28a. PLACE OF INJURY — At home, term, street, factory, office building, atc. (Specify) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be COMPLETED 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the bast of my knowledge, dash occurred at the time, data and place, and due to the cause(a) and manner as stated. FUNERAL (2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: I 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE Wutterma mi 238 PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) JI mitchen M-1) 32 LEGISTRATS SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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BALTIMORE, MARYLAND 21215-0020	urs after death. Page 6 may be retained by the hospital or attending physician.	in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
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hours aft	ly filled in by	ation, or remo	the medica	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	be filed within 72 hours after dearn with the state bept. Of hearth and mental hygiene prior to burial, cremation, of removal.	IMPORTANT: It Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
TO THE	THE OF	De lied	IMPOR	

	REGISTRAR CERTIFICATE O	F DEATH	REG. NO.				
- 3	1. DECEDENT'S NAME (First, Middle, Last)		DATE OF DEATH	3. TIME OF DEATH			
	CHARLES ANDERSON		UNE 10 1994	YEAR 7:30P M			
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) # UNDER 1 YEA			6. BIRTHPLACE (State or Foreign			
	212.489422 1 PM 2 F 46 YRS. MONTHS DAY	S HOURS MIN.	(Month, Day, Year) - 30-47	Country)			
		N OR LOCATION OF DEATH	9c. COUN	TY OF DEATH			
DIRECTOR	VAMC PERRY POINT MD 21902 PER	2RY POIN	T -				
<u>입</u>	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LO	CATION		10d. INSIDE CITY			
			up MD. 20794				
AL	10e. STREET AND NUMBER	10f. ZIP CODE	10g. CITIZ	EN OF WHAT COUNTRY?			
FUNERAL	5527 touc Rd	101. ZIP CODE 2/20	76	USA			
5		DECENDENT OF HISPANIC O	RIGIN? (Specify Yea or No-	14. RACE — American Indian, Black, White, atc.			
ВУ	IF YES, GIVE WAR OR DATES	specify Cuben, Maxican, Pu (ES 2 NO Specify:	ianto rican, etc.)	Constitut			
	11101-1769 VIETNAMERAI	-		Specify: BLACK			
Œ	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16e. DECEDENT'S USUAL OCCUP. (Give kind of work done during	ATION most of working	16b. KIND OF BUSINESS/INDU	JSTRY			
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+) Iffe. Do NOT use retired.)	CE WORKER		-			
M							
ဗ	17. FATHER'S NAME (First, Middle, Last)		First, Middle, Maiden Surname)				
BE	John ANDERSON		LANIER				
6			Number, City or Town, State, Zip				
		ZD. BAY.	MD 2120				
- 3	20a. METHOD OF DISPOSITION 1	(Name of	DATE 20c. LOCATION C	ity or Town, State			
	1 ☑ Surial 2 ☐ Cremation 3 ☐ Ramoval from State 4 ☐ Donation 5 ☐ Other (Specify) ☐ Cameton 5 ☐ Other (Specify) ☐ Other (Speci	es! VA CEN	DWINGS	MILL, MD,			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME	AND ADDRESS OF FACILIT	1 112	9 N.CAROLINE			
	(Value Bett BE)	MIS TUNERI	AL HOME BAL	+ mp 2/2/3			
	23. PART i. Enter the disesses, or complications that caused the death. Do not enter the	mode of dying, such as	cerdiec or reapiratory arre	est, Approximate			
	shock, Or heart failure. List Drily Dne cause Dn each line.			Interval Between Onset and Death			
	IMMEDIATE CAUSE (Final disease or condition			Onset and Death			
	resulting in death) s. SMALL CELL CARCINON DUE TO (OR AS A CONSEQUENCE OF):	IA OF LUNG					
_							
CERTIFICATION	Sequentially list conditions, If any, leading to immediate BRAIN METASTASIS DUE TO (OR AS A CONSEQUENCE OF):						
ΆΤ	csuse. Enter UNDERLYING						
표	CAUSE (Disease or injury thet initiated events DUE TO (OR AS A CONSEQUENCE OF):						
듄	resulting in death) LAST						
8							
DICAL	PART II. Other significant conditions contributing to death but not resulting in the underly	ying cause given in Part	i. 24s. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO			
음			1 TYES 2 NO	COMPLETION OF CAUSE OF DEATH?			
ME				1 TYES 2 TNO			
=							
¥.		PLACE OF DEATH (Check of	nly one)				
SIC	EXAMINER? 1 YES 2 NO HOSPITAL: OTHER: 1 PER 2 NO 4 Norsing F	fome 5 - Residence 6 -	Other (Specify)				
PHYSICIAN:	27. MANNER OF DEATH 26s. DATE OF INJURY 28b. TIME OF 28c.	INJURY AT 28c	I. DESCRIBE HOW INJURY OCC	URED			
ВУР	1 Netural 5 Pending (Month, Day, Year) INJURY 2 Accident Investigation	WORK? YES 2 NO					
	3 Suicide 28e. PLACE OF INJURY — At home, ferm, atreet, factory of	iffice 28f	LOCATION (Street and Number of	or Rural Route Number,			
COMPLETED	4 Homicide detarmined building, atc. (Specify)		City or Town, State)				
Ш	29e. CERTIFIER						
MP	296. CERTIFIER (Check only one) 2 MEDICAL EVANIMED, the the lead of my knowledge, death occurred at the time, described to the control of the lead of available and the latest						
8	2 MEDICAL EXAMINER: On the basic of axamination end/or investigation, in my opinion	n, death occured at the time	, data and place, and due to the	ceuse(a) and manner as stated.			
8	299-MONAPURE AND VITLE OF CERTIFIED	29c. LICENSE NUMBER	29d. DATE	SIGNED (Month, Day, Year)			
m 1000 1000							
0	MANUALLAND						
2	30. NAME AND ADDRESS OF PERSON W IO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	1141005					
10	STANLEY KMAN M.D., VAMC PERRY POINT						
TO	STANLEY KMAN M.D., VAMC PERRY POINT 31. DATE FILED (Magnity, Day, Year) 32. REGISTRAR'S SIGNATURE						
TO	STANLEY KMAN M.D., VAMC PERRY POINT						

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Mours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE REG. NO.
1. DECEDENT'S NAME (First, Middle, Last)	2. DATE O	

	REGISTRAR		CERTIFIC	ATE OF DEATH	REG. NO		
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH
1 1	William a	noley			MONTH D		400 1
	4. SOCIAL SECURITY NUMBER 5. SE		rs. last birthday) IF	UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH		BIRTHPLACE (State or Foreign
1 1	181-09-35/9 118	162 DF		NTHS DAYS HOURS MIN.	(Month, Day, Year)	, ,	Country)
	9e. FACILITY NAME (If not institution, give streat and	f numbert		CITY, TOWN OR LOCATION OF	7-16		PENNSYLVANIA
OC	The Control of the Mistrodori, give street,	ing M	. 0	CITY, TOWN OR LOCATION OF	DEATH M	Bc. COUNTY	OF DEATH
DIRECTOR	Wirelleck Ch	clas un	ungCh	Calons	relegina	1. /3	allo.
ပ္ပ	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		TOC CITY TO	DWN OR LOCATION			10d. INSIDE CITY
<u>=</u>	MARYLAND BALTIM	OPE	100.011, 1				LIMITS?
	10e, STREET AND NUMBER	IOKE		BALTIMORE			1 TYES 2 X NO
FUNERAL		-		10f. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
Ü	1519 WOODCLIFF AVENU	E		212	228		U.S.A.
5	11. MARITAL STATUS 12. W	AS OECEDENT EVER IN U.S	S. ARMED	13. WAS DECENOENT OF HISP If yes, specify Cuben, Mexi	ANIC ORIGIN? (Specify Yes	or No- 14.	RACE — American Indian, Black, White, etc.
BY	1 Never Married 2 Married IF	YES, GIVE WAR OR DATE:	s	1 YES 2 NO Spec			Specify:
		WW T		1 "			WHITE
ΙË	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16.	a. DECEDENT'S USI (Give kind of work	JAL OCCUPATION done during most of working tired.)	16b. KIND OF BU	SINESS/INDUST	RY
Ш	Elementary/Secondary (0-12) Colle	ge (1-4 or 5+)					
§	4 YR	S	BUDGET A	ANALYST	U.S.AII	RFORCE	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S N	IAME (First, Middle, Meiden	Surname)	
BE (JOHN H. ANSLEY			MAR	IA X. GARTI	LAND	
	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street end Number or Rura			ie)
2	MRS. MARGARET H. ANS	LEY	1519 W	OODCLIFF AVENU	E BALTIMO	DE ME	21228
	20e. METHOD OF DISPOSITION	20b PI		ISPOSITION (Name of		CATION — City	
	1X Burlel 2 ☐ Cremetion 3 ☐ Removal fro 4 ☐ Donation 5 ☐ Other (Specify)	om State cemeter	y, crematory or other	place)	1		
	21. SIGNATURE OF FUNERAL SERVICE LIGENSEE	ILOUI	DON PARK	CEMETERY 22. NAME AND ADDRESS OF I		ALITMOR	<u> le </u>
	20.60	1		HUBBARD FUNER		7	
	(Sours . Smi	ill)		4107 WILKENS			MD. 21229
	23. PART i. Enter the diseesea, or complic	cetione that caused th	e deeth. Do not	enter the mode of dying, su	ch as cerdiac or reep	ratory arrest,	Approximate
	ahock, or heart feilure. List on	nly one ceuee on eech		i.	4		interval Between Onset and Death
	iMMEDIATE CAUSE (Final disease or condition	truta 1	of A ALIC	the of	21/11/10		Oliset and Death
	resulting in death) a	DUE TO (09 AS A CO	MSECHIBICE OF	atory +	allore		
		THE THE	MSEODERICE OF):	1/1/2			
CERTIFICATION	Sequentielly list conditions, b. 4	DUE TO (OR AS A CO	INSECUENCE OF	1011113			
A	if any, leading to immediate cause. Enter UNDERLYING	(0.1.7.0					j
윤	CAUSE (Disease or injury C	DUE TO (OR AS A CO	INSECUENCE OF				
Ē	thet initiated events resulting in deeth) LAST	10 (011 110 11 00	moloulinol or j.				
i iii	d						
	PART II. Other eignificent conditione cont	ributing to death but i	not resulting in t	he underlying ceuse given i	n Part i. 24e. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS
DICAL	< / a /	menti			PERFOR	The state of the s	AVAILABLE PRIOR TO COMPLETION OF CAUSE
					1 🗆 YES 2	□ NO	OF DEATH?
Æ	Deny avato						1 YES 2 NO
Z							
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOS	PITAL:	0	26. PLACE OF OEATH (C	Check only one)		
YSI		npatient 2 - ER/Outpatie		Hursing Home 5 - Residence	6 Other (Specify)		
H		(Month, Day, Year)	26b. TIME OF	F 28c. INJURY AT WORK?	28d. DESCRIBE HOW I	NJURY OCCURE	E0
}	1 Natural 5 Pending 2 Accident Investigation			M 1 YES 2 NO			
		6e. PLACE OF INJURY — building, etc. (Specify)	At home, ferm, stree	t, factory, office	261. LOCATION (Street		Tural Route Number,
	4 Homicide determined	buttering, the (opecity)			City or Town, State)		
"	290. CERTIFIER	a de bastal es terratos					
₩	and the second s			t the time, date and place, end do			
COMPLETED		TO DESIS OF EXAMINERON ON	d/or investigation, ii	my opinion, death occured at the	ne time, dats end place, en	d dus to the ca	use(e) end manner as stated.
BE	296. SIGNATURE AND TITLE OF CENTIFIER	1	- 10	29c. LICENSE N	JMBER /	29d. DATE SIG	GNED (Month, Day, Yeer)
0/		CVV	>n	10 1028	2360	16	110194
19	30 NAME AND ADDRESS OF PERSON WHO COMP	PLETED CAUSE OF DEATH	(ITEM 27) (Type, Prin	1) / ()	1 ,	1	/ /
1	Horan Stma	116L 3	141 1	Olk Fred	exill 1	2 //	1/779
		2. REGISTRAR'S SIGNATU	RE				- Lat late
	JUN 131994	- Burdons from	WES				

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed withiniours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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	1 - FOR STATE REGISTRAR	STATE OF MARYLAND / I	DEPARTMENT OF I		MENTAL HYGIE		
	1. DECEDENT'S NAME (First, Middle, Last)	BRUNC	2		2. DATE OF DEATH	DAY 994	3. TIME OF DEATH M
	4. SOCIAL SECURITY NUMBER 232-01-5794	5. SEX 1 M 2 PF 6. AGE (In yrs. last to	YRS. MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) SEPT. 9	19120	BIRTHPLACE (State or Foreign Country) LACKSBURG W.V.
TOR	90. FACILITY NAME (If not institution, give	YON CT.	96. CITY, TOWN	OR LOCATION OF D	EATH	BA	LTO, CO.
DIRECTOR	MALYLAND BA	LTIMORE CO.	10c, CITY, TOWN OR LOCA	TION V/K			10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER	YON CT.		1. ZIP CODE 2/13/		10g. CITIZEN	OF WHAT COUNTRY?
BY FU	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARM FORCES? 1 YES 2 WHO IF YES, GIVE WAR OR DATES	If yee, se	CENDENT OF HISPA Healty Cultum, Mexico 3 2 NO Specia	NIC ORIGIN? (Specify) an, Puerto Ricen, etc.) fy:	es or No— 14.	RACE — American Indian, Black, White, etc. Specify:
COMPLETED	15. DECEDENT'S EDL (Specify only highest grade Elementary/Secondary (0-12)	e completed) (Give	EDENT'S USUAL OCCUPATI e kind of work done during mo to NOT use retired.)	ON ost of working	16b. KIND OF B	USINESS/INDUS	TRY
	17. FATHER'S NAME (First, Middle, Last)	- JERMI	ONT ONT	18. MOTHER'S NA	AME (First, Middle Maid	on Surname)	ECRETO
TO BE	190. INFORMANT'S NAME (Type/Print) JOSEPH M	BRUND 196.	MAILING ADDRESS (Street	and Number or Rural	Route Number, City or To	own, State, Zip Co	(A)X MI)
	20a. METHOD OF DISPOSITION 1 W Burlet 2 Cremation 3 Ren 4 Donation 6 Other (Specify)	noval from State cematery, own	ID DATE OF DISPOSITION (N	erne of EST VE7	DATE 200. 1	OCATION City	or Town, State CO. MD.
	21. SIGNATURE OF FUNERAL SERVICE LI	J. gair MODE	77 2	NO ADDRESS OF EACH	MYERAL	CHAP	ZEL 20NIUM MD
٦	23. PART/I. Unter the diseases, or shock or heart failure.	complications that ceused the deel	th. Do not enter the mo	ode of dying, aud	h as cerdiec or res	piratory arrest	
	iMMEDIATE CAUSE (Final disease or condition resulting in death)	a. GASTRIC C. DUE TO (OR AS A CONSEQU	ANCER JENCE OF):				Onset and Death
TION	Sequentially list conditions, if any, leading to immediate	bDUE TO (OR AS A CONSEOU	JENCE OF):				
CERTIFICATION	cause. Entar UNDERLYING CAUSE (Disease or injury thet initiated eventa resulting in death) LAST	C. DUE TO (OR AS A CONSEOU	JENCE OF):				
AL CE	PART ii. Other significent condition	ns contributing to death but not ret	sulting in the underlyin	g cause given in	Part I. 24a. WAS /	IN AUTOPSY	24b. WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICA					PERF	2 2 NO-	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Ä.							
Sic.	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpetient 2 ER/Outpatient 3	OTHER:	LACE OF DEATH (C)			
Ĕ	27. MANNER OF DEATH		28b. TIME OF 28c. IN	JURY AT	6 ☐ Other (Specify) 26d. DESCRIBE HOW	/ INJURY OCCUR	ED
BY F	1 Netural 5 Pending 2 Accident Investigation	(Monut, Dey, Year)		YES 2 NO			
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At home building, stc. (Specify)	e, farm, street, factory, offic		28f. LOCATION (Stree City or Town, Sta	it and Number or I	Rural Route Number,
COMPLETED		SICIAN: To the best of my knowledge, desti ER: On the bests of examination end/or im					suse(e) end menner ee stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIE	R N		29c. LICENSE NU			GNED (Month, Day, Year)
9	30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CAUSE OF DEATH AVEN	27) (Some Deine)	0384	09	6	17/94
	WILLIAM	SITUATION 49		105	BILAM	10, M	21224
	31. DATE FILED (Month, 'Day, Year)	12 REGISTRAL'S SIGNATURE		.1.20		- / · (1
	JUN 1 3 1994	Julie Vairdon 16	morality.				



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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. Jours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE

	REGISTRAR					PEAIR	REG. I			
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH	DAY	VEAD	3. TIME OF DEATH
	DESSIE		BF	RIDGES			10	9	94	0530AH
	4. SOCIAL SECURITY NUMBER 246 – 46 – 0806	5. SEX	8. AGE (In yrs. lest	birthday) IF UNDER		F UNDER 24 HRS.	7. DATE OF BIRTH	922	8. BIFTH	PLACE (State or Foreign
Œ.	90. FACILITY NAME (If not institution, give s 1203 N.	treet and number)	1 STRE	96. CITY	Y, TOWN OR BAL	LOCATION OF DE			UNTY OF D	
16	RESIDENCE OF DECEDENT									
DIRECTOR	MARYLAND 106. COUNT	/ a		10c. CITY, TOWN		TIMORE				10d. INSIDE CITY V UMITS? 1 PES 2 NO
FUNERAL	100. STREET AND NUMBER 1203 N.	CHATHAN	1 STRI	EET	10f. Z	21213		10g. CI	TIZEN OF V	VHAT COUNTRY?
=	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. ARI	AED 13	WAS DECEN	DENT OF HISPAN	IC ORIGIN? (Specify	Yee or No	14 BACE	E — American Indian,
BY FL	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 [IF YES, GIVE WA	YES 2 XN	(v	It yes, specif	ly Cuban, Mexicer	, Puerto Rican, atc.)	THE OF NO	Black	k, White, etc.
	15. DECEDENT'S EDU	CATION	16a. DE0	EDENT'S USUAL O	CCUPATION		16b. KIND OF	BUSINESS/IN	IDUSTRY	
COMPLETED	(Specify only highest grade	College (1-4 or 5+)		re kind of work done Do NOT use retired.) _ ABORER		of working	FA	CTOR'	Υ	
N N	17. FATHER'S NAME (First, Middle, Last)			TOOKER		e MOTHER'S NA				
BE C	WILLIE	VINSON					AE (First, Middle, Mei SERIC			
5	19a, INFORMANT'S NAME (Type/Print) ANNIE B	RIDGES					E, YUKON			A 73099
	20a METHOD OF DISPOSITION 1X Buriel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	ovat from State		ND DATE OF DISPOS		ETERY		ALTI		
	21. SIGNATURE OF FUNERAL SERVICE LI	Philips I	1			F.H.eas				
_	Loguis	SKAE			1101 E	E. NORTH	AVENUE/	BALTI	MORE,	MD 21202
	23. PART i. Enter the diseases, prehock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in dasth)	Liet Dnly Dna caus	e Dn aech line.	^	•		verus / t			Approximate Interval Batwean Onset and Death
1		DUE TO U	BAS A CONSEC	GENCE OF):		-			1 - 0	14
NOI	Sequentielly liet conditions, if any, leading to immediate	b	OR AS A CONSEC	UENCE OF):	uer	2 - (sous, t	cruel	Colf	IMO
ICAT	Cause. Enter UNDERLYING CAUSE (Disease or injury	C	OR AS A CONSEO							
CERTIFICATION	thet initieted events									40
	resulting in death) LAST	d	AS A CONSEC	UENCE OF):						400
X		d			nderiving o	euee given in	Part I. 24s. WAS	AN AUTOPSY	/ 246	WERF AUTOPSY FINDINGS
	PART II. Other eignificant condition	d			nderlying of	euee given in	PER	AN AUTOPSY FORMED?	/ 24b	. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE
MEDICAL	PART II. Other eignificant condition Dimentia, ASDI ration	on the contributing to describe the contributing to describe the contributing to describe the contribution of the contribution	leath but not re	poulting in the un	JA	FJ	PER		7 246	AVAILABLE PRIOR TO
Σ	PART II. Other eignificant condition Dimentia, ASPIRATION DID TOBACCO USE	on the contributing to describe the contributing to describe the contributing to describe the contribution of the contribution	leath but not re	poulting in the un	TH YE	F NO	PERI 1 U YES	ORMED?	/ 24b	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Σ	PART II. Other eignificant condition DIMENTIA ASPIRATION DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	d. Secontributing to describe the describation of the described of the de	TO CAU	SE OF DEA	28. PLAC	Į,	PERI 1 U YES	ORMED?	/ 24b	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Σ	PART II. Other eignificant condition Dimentia	CONTRIBUTE HOSPITAL: 1 Inpatient 2	TO CAU	SE OF DEA	TH YE 28. PLACE R: raing Home	S NO	PERI 1 YES	2 NO		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: M	PART II. Other eignificant condition DIMENTIA ASPIRATION DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	d. Secontributing to describe the describation of the described of the de	TO CAU	SE OF DEA	28. PLACER: raing Home	S NC E OF DEATH (Che 5 Residence 7 At	PERI 1 YES	2 NO		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
BY PHYSICIAN: M	PART II. Other eignificant condition Dimentia	CONTRIBUTE HOSPITAL: 1 Inpetient 2 28a. DATE OF II	TO CAU	SE OF DEA	28. PLACE 28. PLACE 28. INJUR 28c. INJUR WORK 1 YES	S NC	PERI 1 YES Ock only one) 8 Other (Specify) 28d, DESCRIBE HO	W INJURY OF	CCURED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ED BY PHYSICIAN: M	PART II. Other eignificant condition Dimentia	CONTRIBUTE HOSPITAL: 1 Inpetient 2 28a. DATE OF II (Month, De)	TO CAU	DOA OTHE	28. PLACE 28. PLACE 28. INJUR 28c. INJUR WORK 1 YES	S NC E OF DEATH (Che 5 Residence 7 At	PERI 1 YES	W INJURY OF	CCURED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ETED BY PHYSICIAN: M	PART II. Other eignificant condition Dimentia	CONTRIBUTE HOSPITAL: 1 Inpetient 2 28a. DATE OF II (Month, Day) 28b. PLACE OF building, e	TO CAU ER/Outpetient 3 DURY (Year) INJURY — At hortic. (Specify) Ty knowledge, dea	SE OF DEA	28. PLACE R: rating Home 28c. INJUR WORK 1 YES tory, office	S NO E of DEATH (Che S Residence Y A1 R 2 NO	PERI 1 YES Other (Specify) 28d. DESCRIBE HO 28t. LOCATION (Str. City or Town, St.	2 I NO W INJURY Of	CCURED or or Rural F	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BE COMPLETED BY PHYSICIAN: M	PART II. Other eignificant condition Dimentia	CONTRIBUTE BORDITAL: 1 Inpetient 2 28e. PLACE OF building, etc. CIAN: To the best of notes: On the best of example.	TO CAU ER/Outpetient 3 DURY (Year) INJURY — At hortic. (Specify) Ty knowledge, dea	SE OF DEA	28. PLACE 28. PLACE R: 28c. INJUR VORK 1 VES tory, office	S NO E of DEATH (Che S Residence Y A1 R 2 NO	PERI 1 YES 1 YES 2	2 I NO W INJURY Of the end Number of the end due to end due to	CCURED or or Rural F	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
E COMPLETED BY PHYSICIAN: M	PART II. Other eignificant condition Dimentia	CONTRIBUTE HOSPITAL: 1 Inpatient 2 28a. DATE OF II (Month, De) 28b. PLACE OF building, e	TO CAUSER/Outpetlent 3 DURY (Year) INJURY — At hor to: (Specify) by knowledge, dearmination and/or in	DOA 4 Num 28b. TIME OF INJURY M The course of the course	28. PLACE 28. PLACE R: raing Home 28c. INJURY 1 YES tory, office	Residence Y AT 2 NO d place, end dua th occured at the	PERI 1 YES 1 YES 2	W INJURY Of the effect of the end Number of the end number of the end of the	CCURED or or Rural F	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number,

Talsel To

BALTIMORE, MARYLAND 21215-0020	er death. Page 6 may be retained by the hospital or attending physician. The funeral director, page 5 should be detached for use as the buriat-transit permit. Pages 1, 2, 3 should ral.	i examiner must be notified at once.	TO BE COMPLETED BY FUNERAL DIRECTOR
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2* hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	1 - FOR STATE REGISTRAR		STATE OF I	MARYLAND C	DEPAR	RTMENT	OF H	EALTH	AND I	MENTAL HYGI			
	1. DECEDENT'S NAME (First		6	Brax	101	n				2. DATE OF DEAT		YEAR 94	3. TIME OF DEATH
	4. SOCIAL SECURITY NUME 2/6-58- 9a. FACILITY NAME (If not in	4644	5. SEX	6. AGE (In yrs. In	st birthday) YRS.	MONTHS NO.	DAYS	#F UNDER	MIN.	7. DATE OF BIRTH	5/	Vil	rginia
DIRECTOR	Bon Secour		The contract of the					MOLE		АТН		N/A	EATH
EC	10a. STATE	10b. COUNTY			10c. CIT	Y, TOWN O	R LOCAT	ION					10d, INSIDE CITY
DIG.	MD	N/A				Balt	imor	e					LIMITS? 1 X YES 2 NO
FUNERAL	10e. STREET AND NUMBER						101	ZIP COD					HAT COUNTRY?
NE	1507 Mountm	or Ct.	12. WAS DECEDEN	T FUED III III A				212				U.S.A	
BY	1 Never Merried 2 7 3 Widowed 4 Divo		FORCES? 1	YES 2	NO	1	f yes, spe	ENDENT Color	n, Maxica	IC ORIGIN? (Specify n, Puerto Rican, etc.	Yes or No-	Specify	- American Indian, White, etc. y: Black
뎶	15. DEC (Specify only	EDENT'S EDUC y highest grade	CATION completed)	(0	live kind of	USUAL OC			ia.	16b. KIND OF	BUSINESS/I		HACK
COMPLETED	Elementary/Secondary (0 7th		College (1-4 or 5 - N/A		. Do NOT u	verified.)				n/			
BE CO	17. FATHER'S NAME (FIRST, M Edward W		ď							AE (First, Middle, Ma Long	den Sumame)	
0	19a. INFORMANT'S NAME (7	ype/Print)		19	b. MAJLING	ADDRESS	(Street a	nd Number	or Rural R	loute Number, City or	Town, State,	Zip Code)	
	Mary Long	ION					-		/Bal	timore,			
	Burial 2 Crematio	on 3 🗆 Ramo	oval from Stata	cemerary. S	Mach of	ther Marie	10R	I AL	GΑ	RDENS D	UNDA	City or Ton	yn, Stata
	21. SIGNATURE OF FUNERA	L SERVICE LIC	ENSEE	1	1	22.1	NAME AN	D ADDRE	SS OF FAC	HLITY			
	(Tel)	Vi	3lal	land				/F.F		st Ave./Bal	timor	e, MD	21202
	23. PART 1. Enter the di ehock, or he	iseeses, or c eert fellure. L	omplications that let only one cau	t caused the de	eth. Do i	not enter	the mod	de of dy	ng, such	ea cerdiac or re	spiratory a	rrest,	Approximate interval Between
	iMMEDIATE CAUSE (Fin disease or condition resulting in death)	nai	Aca	ind				.)	1		1	٦	Onset and Death
H		,		MYROL	100	mu	10	11	Shic	Onen -	synd	ame	4 XEAR
_	W		DUE TO	OR AS A CONSE	OUENCE OF	1mu	1e	(Um	2 fic	un din	rynd	ame	4 XEAR
TION	Sequentielly list conditi	diete	Chil	OR AS A CONSE	Ken	ial	1e Fa	lun	efic.	un Hia	rynd	Time Could	4 YEAR
FICATION	if any, leading to immed cause. Enter UNDERLY! CAUSE (Disease or inju	diete NG	DUE TO	MC (OR AS A CONSE	OUENCE OF	nal Ma	10 Fa	Iden Clan	efic s in	un Hin van Hin	rynd To Ix	Tuan	4 yEAR
CERTIFICATION	if any, leading to immed cause. Enter UNDERLY! CAUSE (Disease or inju- that initiated events resulting in death) LAS	diete NG Pry	DUE TO	OR AS A CONSE	CON QUENCE OF	nal Ma na Ma	ta 2°	Ilan Porto	e fi c sube	un Hin van Hin	rynd 10 9× extic	Tuan	1 10 Day
0	if any, leading to immediate. Enter UNDERLYI CAUSE (Disease or inju- that initiated events	diete NG Pry	DUE TO	OR AS A CONSE	CON QUENCE OF	nal Ma na Ma	Texting derlying	Jan Couss	eff C	Uning the paner	AN AUTOPS		A YEAR A Chay 10 Day 4 years WERE AUTOPSY FINDINGS MAILABLE PRIOR TO
O.	if any, leading to immed cause. Enter UNDERLY! CAUSE (Disease or inju- that initiated events resulting in death) LAS	diete NG Pry	DUE TO	OR AS A CONSE	CON QUENCE OF	nal Ma na Ma	Teching derlying	Jun Jun Jun Jun Jun Jun Jun Jun Jun Jun	efic sin subc	PER			WERE AUTOPSY PHONES AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
O.	if any, leading to immed cause. Enter UNDERLY! CAUSE (Disease or inju- that initiated events resulting in death) LAS	diete NG Pry	DUE TO	OR AS A CONSE	CON QUENCE OF	nal Ma na Ma	Tan 2° edi	Jan (lun) por to	efic sin sulc	PER	ORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
0	if any, leading to immer cause. Enter UNDERLY! CAUSE (Disease or inju that initiated events resulting in death) LAS* PART II. Other aignifica	diete NG ny T	DUE TO DUE TO CONTRIBUTING TO	OR AS A CONSE	CON QUENCE OF	nal Ma na Ma	4-1	1	148	PER	ORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
0	if any, leading to immedicause. Enter UNDERLY CAUSE (Disease or injuithet initiated events resulting in death) LAS	diete NG ny T	DUE TO	(OR AS A CONSE (OR AS A CONSE (OR AS A CONSE (OR AS A CONSE (OR AS A CONSE (OR AS A CONSE (OR AS A CONSE	OUENCE OF	P: MAP:	26. PL	ACE OF D	EATN (Che	1 O YES	ORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDICAL C	if any, leading to immer cause. Entar UNDERLY CAUSE (Disease or injuthat initiated events resulting in death) LAS' PART II. Other aignifica 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	ont conditions	DUE TO DU	(OR AS A CONSE	QUENCE OF COMPANY OF C	other	26. PL	ACE OF DE	EATN (Che	1 YES	FORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
BY PHYSICIAN: MEDICAL C	If any, leading to immedicause. Enter UNDERLY CAUSE (Disease or injuithat initiated events resulting in death) LAST PART II. Other aignifications of the control of the con	ont conditions MEDICAL Pending investigation	DUE TO DUE TO DUE TO A CONTributing to A CONTRIBUTION DIA	(OR AS A CONSE (OR AS A CONSE	QUENCE OF COMPANY OF C	OTHER 4 UNITS EOF	28. PL i: ing Home 28c, INJL WOI	ACE OF DI 5 G Re JRY AT RK? ES 2 G	EATN (Che	ck only one) 5 Other (Specify) 28d. DESCRIBE NO	W INJURY O	CCURED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL C	if any, leading to immer cause. Enter UNDERLY! CAUSE (Disease or inju that initiated events resulting in death) LAS: PART II. Other aignifica 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 1 2 Accident 3 Suicide 6 1	o MEDICAL	DUE TO DUE TO DUE TO A CONTributing to A CONTRIBUTION DIA	(OR AS A CONSE	QUENCE OF COMPANY OF C	OTHER 4 UNITS EOF	28. PL i: ing Home 28c, INJL WOI	ACE OF DI 5 G Re JRY AT RK? ES 2 G	EATN (Che	PER 1 YES	W INJURY O	CCURED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL C	if any, leading to immer cause. Entar UNDERLY CAUSE (Disease or inju that initiated events resulting in death) LAS' PART II. Other algnifica 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5	ont conditions D MEDICAL Pending investigation Could not be determined	DUE TO DU	(OR AS A CONSE (OR AS A CONSE	OUENCE OF COMMUNICATION	OTHER 4 Nurse E OF UNITY M	26. PL.: ing Home 28c, INJI 1 Y pry, office	ACE OF DIO	EATN (Che sidence (1 YES 1 YES 1 YES 286. DESCRIBE NO 286. LOCATION (Str. City or Town, Si	W INJURY O	CCURED Nor or Rural Ro	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
COMPLETED BY PHYSICIAN: MEDICAL C	if any, leading to immer cause. Entar UNDERLY CAUSE (Disease or inju that initiated events resulting in death) LAS' PART II. Other algnifica 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5	Pending investigation Could not be determined	DUE TO DU	(OR AS A CONSE (OR AS A CONSE	OUENCE OF COMMUNICATION	OTHER 4 Nurse E OF UNITY M	26. PL.: ing Home 28c, INJI 1 Y pry, office	ACE OF DID	EATN (Che sidence (1 VE: 1 VE: 1 VE: 28d. DESCRIBE NO. 28d. DESCRIBE NO. 28d. LOCATION (Str. City or Town, St. City	W INJURY O we and Number as and dus to	CCURED oer or Rural Ro tated. the cause(a)	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BE COMPLETED BY PHYSICIAN: MEDICAL C	If any, leading to immedicause. Enter UNDERLY CAUSE (Disease or injuithat initiated events resulting in death) LAS PART II. Other aignifica 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5	ont conditions D MEDICAL Pending investigation Could not be determined IFYING PNYSIC CAL EXAMINER OF CERTIFIER	DUE TO DUE TO DUE TO DUE TO A CONTRIBUTING TO A CONTRIBUTING TO A CONTRIBUTING A	(OR AS A CONSE (OR AS A CONSE	OUENCE OF COMMENCE	OTHER 4 Nurs E OF URY M street, facto	26. PL.: ing Home 28c, INJI 1 Y pry, office	ACE OF DID	EATN (Che sidence (1 VE: 1 VE: 1 VE: 28d. DESCRIBE NO. 28d. DESCRIBE NO. 28d. LOCATION (Str. City or Town, St. City	W INJURY O we and Number as and dus to	CCURED oer or Rural Ro tated. the cause(a)	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
COMPLETED BY PHYSICIAN: MEDICAL C	If any, leading to immedicause. Enter UNDERLY CAUSE (Disease or injuithat initiated events resulting in death) LAS PART II. Other aignifica 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5	ont conditions D MEDICAL Pending investigation Could not be determined IFYING PNYSIC CAL EXAMINER OF CERTIFIER	DUE TO DU	(OR AS A CONSE (OR AS A CONSE	OUENCE OF COMMENCE	OTHER 4 Nurs E OF URY M street, facto	26. PL.: ing Home 28c, INJI 1 Y pry, office	ACE OF DID	EATN (Che sidence (1 VE: 1 VE: 1 VE: 28d. DESCRIBE NO. 28d. DESCRIBE NO. 28d. LOCATION (Str. City or Town, St. City	W INJURY O we and Number as and dus to	CCURED oer or Rural Ro tated. the cause(a)	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO

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a PHYSICIAN. The law requires that the death certificate be executed within yours after death. Page 6 may be retained by the hospital or attending physician.	this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be state here or Health and Mental Horiene note to burial remaint or removal	e medical examiner must be notified at once.	
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral of he find within 29 hours after death with the State Beet of Health and Mental Hunlines prior to hursal cremation or removal	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAN	ID / DEPAR	TMENT	OF H	EALTH A	ND M	ENTAL HYGIE			
l is	1. DECEDENT'S NAME (First, Middle, Last)					DEATT		2. DATE OF DEATH			3. TIME OF DEATN
- 1	Nathanie	1 Burton						06 0	DAY.	944	n/a "
			rrs. lest birthday)	IF UNDER	1 YEAR	IF UNDER 24 HOURS	HRS.	7. DATE OF BIRTH (Month, Day, Year)		Counti	
Î		× M 2 □ F 7 C	YRS.				777	<u>09- 16</u>	- 23		renton,N.
œ	9a. FACILITY NAME (If not institution, give street					R LOCATION		ГН	9,000	NTY OF D	
70	Liberty Medi	<u>cal Center</u>		В	alt	imor	e		B	alti	more
DIRECTOR	10e. STATE 10b. COUNTY			Y, TOWN C	R LOCAT	ION	_	***			10d, INSIDE CITY LIMITS?
	Maryland n/a		В	alti							YX YES 2 NO
FUNERAL	10e. STREET AND NUMBER				101.	ZIP CODE			1 -		VNAT COUNTRY?
N N	1503 Kensett S	treet . WAS DECEDENT EVER IN U.	C ADMED			212				USA	
	1 Never Married 2 Married	FORCES? 1X YES	2 NO	1	f yes, spe		Maxican,	ORIGIN? (Specify) Puarto Rican, etc.)	ea or No—	Black	— American Indian, c, White, atc.
BÝ	3 Widowed A Divorced	II TES, GIVE MAN ON DATE			I _ TES	2 DE NO	Specify:			Spec	Black
COMPLETED	15. DECEDENT'S EDUCATI (Specify only highest grade con	ION 18	n. DECEDENT'S (Give kind of	work done	CCUPATIO	N st of working		16b. KIND OF B	USINESS/INC	DUSTRY	
٣		College (1-4 or 5 +)	Labo					n/	а		
M	7th Grade					18 MOTNES	D'C NAME	E (First, Middle, Malde			
	Moses Burton							tta Foo			
TO BE	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS	(Street e			ute Number, City or R		Code)	
F	Clara Adams		827	Ν.	Arl	ingt	on .	Ave.	Balt	ο.,	Md. 21217
	20a, NETNOD OF DISPOSITION 1 A Burlal 2 Cremetion 3 Removal	from State 20b. PL	ACE AND DATE	OF DISPOS	ITION (Na	me of		DATE 20c. I	OCATION -	City or To	wn, State IS Mills, M
	4 Donation 8 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENS		ry, crematory or o			t Ve			4 02	WITT	,5 111115,1
	1 40	DK.	4								
_	1 smell	17.7	me					101 E.			re. 21201
	23. Part I. Enter the diseases, Dr corr shock, or heart fallura. List	iplicationa that caused the only one cause on each	na death, Doi n ilna.	not anter	tha mo	de of dying	, such a	as cardiac or res	piratory an	rest,	Approximata interval Batween
	iMMEDIATE CAUSE (Final disease or condition	Ronola	of - (0.)	000	000	En	. 0	1.00			Onset and Death
	resulting in death) a	DUE TO (OR AS A CO	ONSEQUENCE O	F):	X	100	. \ \ \ \	ace			
z	Assertants for Ch	Pmee	mor	ud							j
SE	Sequantially list conditions, if any, leading to immediate	DUE TO (OR AS A CO	DNSEOUENCE O	F):							
2	cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (DR AS A CO)	D.							
CERTIFICATION	that initiated events resulting in death) LAST	502 TO (511 NO N 00	MOLGOLINGE O	. ,.							İ
	PART II Other elemificant conditions o	and the state of the state of									+
MEDICAL	PART II. Other aignificant conditions of	ontributing to death but	not resulting	in tha un	derlying	cause give	en in Pa		N AUTOPSY DRMED?	24b	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
EDI								_ 1 □ YES	2 NO		OF DEATN?
	DID TOBACCO USE CO	ONTRIBUTE TO C	AUSE O	F DEA	TH Y	ES 🖂	NO				1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL					ACE OF DEAT		conty one)			
SIC		OSPITAL:	ent 3 🗆 DOA	OTHER 4 Num		5 🗆 Resid	lenca 8	Other (Specify)			
H	27. MANNER OF DEATH	28s. DATE OF INJURY (Month, Day, Year)	28b. TIW		28c. INJI	JRY AT		ed. DESCRIBE HOW	INJURY OC	CURED	
ВУ	1 Natural 5 Pending 2 Accident Investigation			М	1 🗌 Y	ES 2 N	ND ON				
	3 Suicide 8 Could not be 4 Nomicide determined	28a. PLACE OF INJURY — building, etc. (Specify)	At home, farm,	street, fact	ory, office		2	181. LOCATION (Stree City or Town, Stat		or Rumi F	Route Number,
COMPLETED	29a. CERTIFIER									_	
MP	(Check only	N: To the best of my knowledge. On the basis of examination or									\
	29b. SIGNATURE AND TITLE OF CERTIFIER	P		on, ar my o	pillion, di				_		
BE	Anil like	eey M	D			29c. LICENS	oc NUMBI	En	29d. DAT	E SIGNED	(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF DEATH	(ITEM 27) (Type	, Print)		^					
	ANIL UBGREDE -	4419·13	ALLS	RI	>	131A1	TLE	o MD	221	Γ	
	31. DATE FILED (MODIT), DT. 3911994	32 GEGISTRATS SIGNATU	Pfendere						- 4		-
	3011 2 3 100 1	0		-							

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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First	, Middle, Last)								2. DATE OF DEAT	TH DAY	YEAR	3. TIME OF DEATH	
	Joseph				Brac	lfor	d			June		1994	0100	M
	4. SOCIAL SECURITY NUME	BER	5. SEX		s. last birthday)	IF UNDER	DAYS	IF UNDER	R 24 HRS.	7 DATE OF BIRT	н	A BIRT	HPLACE (State or Foreign	n
	215-02-1621		1 M 2 - F	22	YRS.	MONTHS	DAYS	HOURS	MIN.	JAN DOY	5', 19/	Mar	yland	
	9a. FACILITY NAME (If not in	stitution, give s	street and number)			9b. CITY	, TOWN	OR LOCAT	ION OF DE	ATH	9c. CO	UNTY OF	DEATH	
DIRECTOR	Shock T	rauma	Center				Bal	time	ore			N/A		
E I	10a. STATE	10b. COUNT			10c. CI1	Y, TOWN C	OR LOC	ATION				-	10d. INSIDE CITY	
5	MD		N/A			Balt:	imo	re					LIMITS?	
	10e. STREET AND NUMBER						1	of. ZIP COD	E		10g. C	ITIZEN OF	WHAT COUNTRY?	
ER	1511 N. M	ontfor	d Avenue					212	13			U.S	.A.	
FUNERAL	11. MARITAL STATUS		12. WAS DECEDEN FORCES? 1	T EVER IN U.S.	ARMED	13.	WAS DE	CENDENT	OF HISPAN	IIC ORIGIN? (Spect	y Yes or No-	14. RAC	E — American Indian,	
BYF	1 Never Merried 2 X 3 Widowed 4 Divo		IF YES, GIVE W					S 2 X NO		n, Puarto Rican, et	2-)	Spec	ck, White, atc.	
			l			1							Black	
I	(Specify onf	EDENT'S EDU y highest grade	completed)		Give kind of life. Do NOT u	work done	during n		ing	18b. KIND O	F BUSINESS/II	NDUSTRY		
COMPLETED	Elementary/Secondary (0	l-12)	N/A)						N	I/A			
W	17. FATHER'S NAME (First, M	uririla Lasi)	N/A		1/4	/A		40 1407	LIEDIO NA	ME (First, Middle, M				
	Joseph Bra		. Sr.							ster Wil		,		
BE	19a. INFORMANT'S NAME (, DL.		195 MAII INC	ADDRES	s (Strant			Poute Number, City of		Zin Cadal		
5	Cendoria		rd										nd 21213	
	20a METHOD OF DISPOSIT	ION		20b. PLA	CE AND DATE	OF DISPOS	SITION (/	Vame of	-	DATE 20	c. LOCATION -	- City or T	own, Stata	
	4 Donetion 5 Other		oval from Stata	403	e emajors or o	other (14 (E)	MOR	RIAL	GAR	DENS	DUND	ALK,	MD	
	21. SIGNATURE OF FUNERA	L SERVICE LIC	CENSEE	/	1	22. M:	NAME /	AND ADDRE	SS OF FA	CILITY				
	Kee	7/1	stoll	and	/						Baltin	ore,	MD 21202	
	23. PART i. Enter the d	leeesea, or o	complications the	caused the	deeth. Do								Approximate	
:	iMMEDIATE CAUSE (Fir		Liet only one cau	se on aach	line.					. <			interval Betwo	
	disease or condition resulting in death)	→	. /1/1	- 81	ret	110	n	ه	1	head				
	resolung in dealin)		DUE TO	OR AS A CON	NSEQUENCE O	F):			\rightarrow	.00-			1	
z			b											
CERTIFICATION	Sequentielly list condit if eny, leeding to imme	diate	DUE TO	OR AS A CON	NSEQUENCE O	F):								
S	ceuse. Enter UNDERLY CAUSE (Disease or Inju		с.											
	thet initiated events resulting in deeth) LAS	,	DUE TO	(OR AS A CON	ISEOUENCE O	F):								
<u> </u>			d											
	PART II. Other eignifica	nt condition	s contributing to	deeth but ne	ot resulting	in the un	nderiyli	ng ceuee	given in	Part i. 24s. W	S AN AUTOPS	Y 241	b. WERE AUTOPSY FINDIN	NGS
Š											RFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUS	SE.
MEDICAL													OF DEATH? 1 X YES 2 □ NO	
	DID TOBACCO	USE C	ONTRIBUTE	TO CA	USE OF	DEAT	Ή	ES 🖂	NO	ĪX			7,100	
<u> </u>	25. WAS CASE REFERRED T EXAMINER?								DEATH (Ch	eck only one)				
PHYSICIAN	1 NO YES 2 □ NO		HOSPITAL:	ER/Outpatien	t 3 🗆 DOA	4 Nun		ma 5 🗆 R	asidenca	6 Other (Specify)			
£Ι	27. MANNER OF DEATH		28a. DATE OF (Month, D	INJURY av. Year)	28b, TIN	IE OF JURY	28c. IN	JURY AT		28d. DESCRIBE H	OW INJURY O	CCURED		
BY		Pending Investigation	6.5	3.94		10M			NO	Subse	CT S	346	T	
ED	3 Sulcida 8	Could not be	28e, PLACE O building,	F INJURY — A etc. (Specify)	t home, lerm,	street, fact	tory, offi	Ice		28f. LOCATION (S City or Town,	treet and Numb	er or Rural	Route Number,	
"	4 Homicide	datarmined			STR	20	T			200 Bl.	5.41	mer	St. Cit	1
COMPLET	29a. CERTIFIER 1 CERT	IFYING PHYSI	CIAN: To the best of	my knowledge	, death occur	ed at the t	lima, dat	te end place	, and due	to the cause(a) an	f menner as st	tated.		
ŏ.													a) and manner as stated	d.
	296. SIGNATURE AND TITLE	ON CERTIFIE	Color					29c. LtC	ENSE NUN	BER	29d. D/	ATE SIGNE	D (Month, Day, Year)	-
BE	1/1	X	TXL	-										
۵	30. NAME AND ADDRESS OF	PERSON WH	O COMPLETED CAUS	E OF DEATH ((ITEM 27) (Type	, Print			C.I	VI P.		une	08 1994	
	XX	WW	MAX	- 1	11. Po	nn G	str	-66	Pa	ltimore	. Mar	, r, r,	nd 21201	
	31. DATE FILED	994	38.35.035mm	S SIGNATOR	E.				- Dd	LLIMOFE	MA	уга	111701	
	JUNIO	001	0 -	April 1997 Control of the Control of										

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the flow is the death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC			ENTAL HYGIENI REG. NO.	E	
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
	JOSEPH	A. BAKER.	CD			JUNE 9, 1	Y YEAR 1994	9:10 p M
	4. SOCIAL SECURITY NUMBER			UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIR	THPLACE (State or Foreign
	212-09-2128	1 X M 2 □ F	76 YRS. MOI	NTHS DAYS	HOURS MIN.	(Month, Day, Year) 7-31-1917		msylvania
~	9e. FACILITY NAME (If not institution, give s	treet and number)	9b	CITY, TOWN O	R LOCATION OF DEA		9c. COUNTY OF	
DIRECTOR	FRANKLIN SQUARE	HOSPITAL		ESSEX			BALTIN	MORE
H	10e. STATE 10b. COUNT	1	10c. CITY, TO	OWN OR LOCAT	ON			10d. INSIDE CITY LIMITS?
		LTIMORE	DUN	DALK				1 TES 2 X NO
RAI	10e. STREET AND NUMBER			101.	ZIP CODE		10g. CITIZEN O	F WHAT COUNTRY?
FUNERAL	21 TOWNSHIP ROA				21222			S.A.
E	1 Never Married 2 X Merried	12. WAS DECEDENT EVER I FORCES? 1 X YES	2 NO	If yee, spi	cify Cuben, Mexican,	C ORIGIN? (Specify Yee Puerto Rican, etc.)	or No — 14, RA Bi	ACE — American Indian, ack, White, etc.
B≺	3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	DATES	1 TYES	2 X NO Specify:		Sp	WHITE
	15. DECEDENT'S EDU		16a. DECEDENT'S USU	JAL OCCUPATIO	N	16b. KIND OF BUS	INESS/INDUSTRY	
ᄪ	(Specify only highest grade Elementary/Secondery (0-12)	College (1-4 or 5+)	(Give kind of work life. Do NOT use re	done during mo: tired.)	t of working			
MP	11		CRANE REP	AIR MI	L WRIGHT	ST	EEL CO.	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAM	E (First, Middle, Maiden	Surname)	
BE		KER			ADA	V. PEST	ER	
ဥ	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING ADI	DRESS (Street a	nd Number or Rural Ro	oute Number, City or Town	n, State, Zip Code)	
	MARY E. BAKER				OAD, DUNI		21222	
	20e. METHOD OF DISPOSITION 1 Buriel 2 X Cremetion 3 Rem	oval from State 20	b. PLACE AND DATE OF D metery, crematory or other;		me of	DATE 20c. LOC	CATION — City or	Town, State
	4 Donation 5 Other (Specify)		REEN MOUNT		ORY 6-1		TIMORE,	MD.
	12000	HO	-				TOME TO	10
_	Phillipx	Malles	MO0550	12134 V	ILLOW SP	FUNERAL I	ΡΑΤ.ͲΤΜΩΙ	NC. RE. MD 21222
	23. PART I. Enter the diseases, Dr shock, Dr heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause on e	O'STHEE CONSEQUENCE OF):					Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	C	A CONSEQUENCE OF):	Ao	DICTION			3098
	DATT II Other elevisions are district							
PHYSICIAN: MEDICAL	PART II. Other significant condition Alux	VIRAL	BRUNCA	HN3	cause given in P	art I. 24a. WAS AN PERFOR 1 TYES 2	MED?	Ab. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
Å.								
o l	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		THER:	ACE OF DEATH (Chec			
₹	1 YES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 ER/Out 26e. DATE OF INJURY	patient 3 DOA 4 DOA 4 D		5 Reeldence 6		HIDY COMPED	
BY P	1 Nstural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY	WO		26d. DESCRIBE HOW II	NURY OCCURED	
	3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF INJUR building, etc. (Spe	Y — At home, ferm, stree ocify)	it, factory, office		26f. LOCATION (Street e City or Town, State)	nd Number or Run	al Route Number,
COMPLETED		CIAN: To the best of my know						e(e) end menner ee stated.
BE C	29b. SIGNATURE AND TITLE OF CERTIFIE	144000	1 19		29c. LICENSE NUME	DER CT	29d. DATE SIGN	ED (Morth, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAMPE OF D	EATH (ITEM 27) (Type, Prin	nt)	UF	14 40	- 4/	10/94
								' /
	JUN 1 3 1994	Julia Devide	- Andre					



	CHRISTINA BOND					2. DATE OF MONTH	12	1994 02:4
	218 90 1040	5. SEX 6. AG	30 YRS.	MONTHS DAY		7. DATE OF (Month, E		8. BIRTHPLACE (State of Country) New York
	Se. FACILITY NAME (If not inatitution, give	street and number)	30	96. CITY, TOW	N OR LOCATION OF			UNTY OF DEATH
DIRECTOR	THE JOHNS HOP	KINS HOSPITA	AL I	BAL	TIMORE CI	TY		
REC	10a. STATE 10b. COUNT			Y, TOWN OR LO				10d. INSIDE (
	Maryland Balt	imore Cour	nty Mid	dle R			1	1 TES 2
FUNERAL	7136 Oliva Roa	d			21 22 0		10g. CI	U.S.A.
Β¥	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 YE IF YES, GIVE WAR OR	ES 2 NO	If yes,	DECENDENT OF HISP. specify Cuban, Mexic (ES 2 NO Specific	can, Puerto Rici		14. RACE — American Black, White, atc. Specify: White
TED	15. DECEDENT'S ED (Specify only highest grad		16a. DECEDENT'S	USUAL OCCUP	ATION most of working	16b. K	ND OF BUSINESS/IN	
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	Food Ha				Restau	rant
OM	17. FATHER'S NAME (First, Middle, Last)		11000 11			IAME (First, Mid	dle, Malden Surname)	
BE C		Bond, Jr.		371	Carol		Weber	
10	19a. INFORMANT'S NAME (Type/Print)	d Tr			et and Number or Rura			
	Richard A. Bon		7 1 3 0 0			DATE		Md. 2122 - City or Town, Stata
	1 Burial 2 Cremation 3 Ref	noval from State	cemetery, cremetory or of NOOdTawn	Ceme	tery 6/1	15/94	Baltim	more, Mar
	21. SIGNATURE OF FUNERAL SERVICE L	/	/	BRU.	AND ADDRESS OF I	FUNE	RAL HOM	E P.A.
	Man 6	Sungle	per .					more, Md
7		OUE TO (OR A	S A CONSEQUENCE OF	9	on	I I IM	onia	
RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Dissess or Injury that initiated events resulting in death) LAST	b. DUE TO (OR A.	S A CONSEQUENCE OF	i by	osis			Bir
ICAL CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	c. DUE TO (OR A.	S A CONSEQUENCE OF		ving ceuse given i	n Part i. 24	Is. WAS AN AUTOPSY PERFORMED?	AWAILABLE PI COMPLETION
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D BY PHYSICIAN: MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Dissess or Injury that initiated events resulting in deeth) LAST PART II. Other eignificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	d	but not resulting in the but not resulting in	OTHER: 4 □ Nursing 1 E OF 28c. URY M 1	. PLACE OF DEATH (toleron 5 Residence injury at work?	n Part i. 2 Check only one) 6 Other (S 28d, DESCR	III. WAS AN AUTOPSY PERFORMED? YES 2 NO POCCEPT NO	AMAILABLE PI COMPLETION OF DEATH? 1 YES 2
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BE COMPLETED BY PHYSICIAN: MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Dissess or Injury that initiated events resulting in deeth) LAST PART II. Other eignificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	c. DUE TO (OR A) d	A CONSEQUENCE OF The but not resulting is the but not resulting is the but not resulting is the but not resulting is the but not resulting is the but not resulting is the but not resulting is a consequence of the but not resulting is the but not resulting is a consequence of the bu	OTHER: 4 Nursing I E OF 28c. WRY M 1	. PLACE OF DEATH (tome 5 Rasidence INJURY AT WORK? YES 2 NO	n Part I. 2. theck only one) 6 Other (S 28d. DESCR 28f. LOCATI City or	Is. WAS AN AUTOPSY PERFORMED? YES 2 NO NO Specify) THE HOW INJURY OF COMMERCE AND Number of Commerce And Number	AMRIABLE PR COMPLETION OF DEATH? 1 YES 2 CCURED or or Rural Route Number,
COMPLETED BY PHYSICIAN: MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Dissess or Injury that initiated events resulting in deeth) LAST PART II. Other eignificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	c. DUE TO (OR A) d	but not resulting in the but not resulting in	OTHER: 4 Nursing I E OF 28c. WRY M 1	. PLACE OF DEATH (to tome 5 Rasidence INJURY AT WORK? YES 2 NO Hitce Iste and place, and do n, death occured at the second control of the second con	n Part I. 2. theck only one) 6 Other (S 28d. DESCR 28f. LOCATI City or	Is. WAS AN AUTOPSY PERFORMED? YES 2 NO NO NO NO NO NO NO NO NO NO	AMAILABLE PR COMPLETION OF DEATH? 1 YES 2 CCURED or or Rural Route Number, eted. the cause(s) and manner

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	The state of the s
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		1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR	RTMENT (OF HE	EALTH AND DEATH	MENTA	L HYGIEN REG. NO						
		1. DECEDENT'S NAME (First, Middle, Last)	1. Byrd	_				2, DATE	OF DEATH	TH DAY / O YEAR 3. TIME OF DEATH					
-	1	4. SOCIAL SECURITY NUMBER 218-90-9685	1 M 2 T F 7	(In yrs. last birthday) 8 YRS.	IF UNDER 1		IF UNDER 24 HRS. HOURS MIN.	(Mont	OF BHRTH h, Day, Year) 3,191		BIRTHPLAC Country)	CE (State or Furnish			
2, 3 should	OR	99. FACILITY NAME (If not institution, give a ST. ELIZABETH S H		MEMORIAL			EMORE			9c. COUNTY					
←"	DIRECTO	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT MARYLAND CARRO			Y, TOWN OR	LOCATIO	ON					I. INSIDE CITY LIMITS?			
permit. Pages	A.	10s. STREET AND NUMBER			FINKSI	-	ZIP CODE			10g. CITIZEI		YES 2 YNO			
D ZU physician. burlal-transit	FUNER	2030 SNAP DRAGON :	12. WAS DECEDENT EVER II	N U.S. ARMED	13. WA	21048 U.S.A. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No. 14. RACE — American In.									
Z 13-UUZU attending physician se as the burial-trai	8	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 TYES	2X NO	If y		cify Cuben, Mexica	en, Puerto			Black, Wh Specify:	WHITE			
. 6 .	COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		16a. DECEDENT'S (Give kind of life. Do NOT u	Section 2										
the hospital detached to once.	OMP	17. FATHER'S NAME (First, Middle, Last)	JR.COLLEGE	ADMINIS	TRATI	RATIVE ASSISTANT UNITED NATIONS 18. MOTHER'S NAME (First, Middle, Maiden Surname)									
# 25 E	BE C	HENRI LAURIET				UNKNOWN (Street and Number or Rural Route Number, City or Town, State, Zip Code)									
ay be retained the page 5 should the notified	2	MR. RONALD D. BYRI	D				ON DRIV					48			
ge 6 may be rector, page		20e. METHOD OF DISPOSITION 1 Burlet 2A Cremation 3 (See March 4 Donation 3 Donat (Special)	oval from State	REPNMOUN				6/1		LTIMOR		State			
ball IMOR after death. Page 6 m. by the funeral director, smoval.		21. SIGNATURE OF FUNERAL SERVICE LIE	CHSEL	M	HUE	BBAR	ADDRESS OF FA RD FUNER VILKENS	AL			, MD	21220			
filled in on ri		23. PART i. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	complications that cause List only one cause on e	the death. Do each line.	la	he mod	e of dying, suc	th as can	diac or resp	iratory arres	l.,	Approximata interval Between Onset and Death			
B 2 - 0	NC	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):													
sician infor to	ICATIO	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury													
ending Hygie	CERTIFI	that initiated events resulting in death) LAST d.													
that the ded by the th and Me any injur	EDICAL C	PART II. Other significant condition	s contributing to death b	out not resulting	in the unde	erlying	cause given in	Part I.	24a. WAS AN PERFOR	RMED?	AMAI	RE AUTOPSY FINDINGS ILABLE PRIOR TO IPLETION OF CAUSE DEATH?			
w req	Σ					····		_			10	YES 2 NO			
e se s	SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 MAD	HOSPITAL:	Sac	OTHER:		CE OF DEATH (Ch								
ertife the	PHYS	27, MANNER OF DEATH	28s. DATE OF INJURY (Month, Day, Year)	28b. TIN		8c. INJUI WOR				INJURY OCCUP	RED				
UDING PHYS After this death with	ВУ	1 Natural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY	— Al home, ferm,		1 🗌 YE	2 NO	28f, LOC	ATION (Street	and Number or	Bural Boute	Number			
2 after 5	ETED	8 Could not be 4 Homicide determined	building, etc. (Spec	cify)	All the Sanct				or Town, State)						
¥ 42 =	COMPLE		CIAN: To the bast of my know R: On the basis of axamination								ause(s) and	f manner as stated.			
TO THE HOSPI TO THE FUNEF Be filed within	BE	296. SIGNATURE AND TITLE OF CERTIFIER	Un			29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Pay, Year)									
	TO	WILL CAN RUSSEL Mr 3320 BENSON ME BALT MD 21227													
		JUN 131994	32. REGISTRAR'S SIGN	ATURE											

ITEMS: 23 PART I, 27, 28a,b,d,e,f, PER MEO FILM G-712 6/23/94 t.t

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - FOR STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Michael 1994 Brunson June 10 1220 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS 7. DATE OF BIRTH B 3 100 1 M 2 F DAYS 02mm 215-58-2980 43 HOURS YRS Maryland 9a. FACILITY NAME (If not institution, give attreet and number)
Wooded area in the
3200 blk. Dolfield
RESIDENCE OF DECEDENT Pages 1, 2, 3 should 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Avenue Baltimore 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD. Baltimore LE YES 2 NO permit. 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 4035 Grantley Road 21215 U.S. funeral director, page 5 should be detached for use as the burial-transit ours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Married If yea, specify Ruban, Mexicen, Puerto Ri 1 TES 2 NO Specify: IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced Specify: Black COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done during life. Do NOT use retired.) Elementery/Seconder 12th Substitute Teacher 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Frank Brunson Ashley Gibson 76 BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Ashley Brunson 4035 Grantley Road Balto., MD, 21215 pe 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE must omT.comZrion pacemetery 6/14/94 Balto., MD. 21. SIGNATURE-OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY 1721-27 N.Monroe ST. CFSP #281 E.L.Phillips F/HBalto.,MD. attending physician and completely filled in by the mall Hygiene prior to burial, cremation, or removal. medical 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heert failure. List only one cause on each line Interval Between IMMEDIATE CAUSE (Finel Onaet and Daeth the diseese or condition resulting in deeth) . MIXED DRUG INTOXICATION event, The law requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 68760, DUE TO (OR AS A CONSEQUENCE OF): traumatic CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST 10 signed by the atter Health and Mental Injury, PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO апу COMPLETION OF CAUSE 1 YES 2 NO Shows 1 TES 2 NO t. of h DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES PHYSICIAN: has be Dept. 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) certificate I EXAMINER? HOSPITAL: OTHER: 4 \square Nursing Home 5 \square Residence 6 \square Other (Specify) at SCENE ATTENDING PHYSICIAN: 1 | Inpatient 2 | ER/Outpatient 3 | DOA the or 27. MANNER OF DEATH this c. 28a. DATE OF INJURY 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Natural 5 Pending 12:20 PM 1 YES 2 NO FOUND: 6-10-94 В After death 2 Accident Investigation 28f. LOCATION (Street and Number of Burel Pouts Number City or Town, State) 3200 BLOCK OF DULF IELD 28e. PLACE OF INJURY — At home, ferm, strest, fectory, office building, stc. (Specify) 3 Suicide 8 XX Could not be 40 DIRECTOR: / COMPLETED 4 Homicide 28 FOUND: IN WOODED AREA BALTIMORE CITY DR 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. HOSPITAL FUNERAL I TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: 1 MEDICAL EXAMINER: On investigation, in my opinion, death occured at the time, date and place, and due to the ceuse(a) and manner ea stated 296 MUNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 2 . M. June 11 1994 HE AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Penn Street, Baltimore, Maryland 21201

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

ITEM: 7. PER F.H. FILM G-712 6/28/94 t.t FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR	OIAIL OI	C		ICATE (MENIAL II	EG. NO				
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF I	DEATH			3. TIME OF DEA	ATH
	John Talburtt	Berry J	ir.					June		8 1	994	9:00	ам
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. la	st birthday)	IF UNDER 1 YE	AR IF UNDE	R 24 HRS.				8. BIRTH	IPLACE (State or I	
	218-18-2095	1X M 2 🗆 F	72	YRS.	MONTHS DA	rs HOURS	MIN.	7. DATE OF E (Month, Day AUSUST	16.	1994	Ma1	ryland	
	9e. FACILITY NAME (If not institution, give	street and number)			9b. CITY, TO	VN OR LOCAT	ION OF DE		,		JNTY OF D		
8	10 B4 Nightingal	e Way			Luthe	erville	e			Ba	ltimo	ore	
15	RESIDENCE OF DECEDENT									1 20	_ C	J10	
DIRECTOR	10e. STATE 10b. COUNT				TY, TOWN OR L							10d. INSIDE CIT LIMITS?	Y
		imore		Lu	thervi							1 TYES 2 X] NO
3AL	100. STREET AND NUMBER					10f. ZIP COD						WHAT COUNTRY?	
FUNERAL	10 B4 Nightingal					2109					ited	States	
E.	11. MARITAL STATUS 1 Never Merried 2 Married	12. WAS DECEDER	T EVER IN U.S. AF	RMED NO	13. WAS	DECENDENT	OF NISPAI	NIC ORIGIN? (S	pecify Ye	es or No—	14. RACI Blac	E — American Inc k, White, atc.	lian,
IF YES, GIVE WAR OR DATES 1 1 VES 2N A NO. Specific										White			
										WILLCC			
	(Specify only highest gradi	completed) College (1-4 or 5	(0	live kind of Do NOT u	work done durings retired.)	most of work	ing	Jou. Kill	D 01 BC	JUNE 33/11	DOSINI		
P	12	College (1-4 of 5		lesma	an			Mox	7ine	Ser	vices	3	
COMPLET	17. FATHER'S NAME (First, Middle, Last)					18. MOT	NER'S NA	ME (First, Middle			11000		
	John Talburtt Be	rrv. Sr.						loyd Bo		,			
) BE	19e. INFORMANT'S NAME (Type/Print)		19	b. MAILING	G ADDRESS (St	_		Route Number, C		_	ip Code)		
2	Margaret Canby			5121	Klingl	e St.	NW V	Washing	ton	, DC	2001	16	
	20e. METNOD OF DISPOSITION	and the State	20b. PLACE	AND DATE	OF DISPOSITIO			DATE					
	20b. METNOD OF DISPOSITION 1 Date 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of cametery, cremetory or other place) 1 Oncaine Park Cemetery 4 Donetion 5 Other (Specify) 20c. LOCATION — City or Town, State 6/11/94 Woodlawn, Maryland												
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	50	(5)		E AND ADDRE	SS OF FA	CILITY					
	Robert M. Kra	Lalen	the!	K	MIL	cuett.	-Wie	defeld	Hom	ie, Li	AC.	010	
		The second secon	at ceused the di	ath Da	on one the	mode of du	ing suc	ad Balt	TINO	re, I	MD Z1		nata
	23. PART I. Enter the diseases, Dr complicatione that ceused the death. Do one of the mode of dying, such as cardiec or respiratory arrest, ahock, Dr haart falliure. List pnly one ceuse on each line. IMMEDIATE CAUSE (Final Onset and Death												
	disease or condition												
	resulting in death)	a DUE TO	OR AS A CONSE	OUENCE C	USA?	2							
	_	//	OH AS A CONSE	ODENCE C	, r- j:								
Į į	Sequentieily list conditione,	b. ANYE TO	JOR AS A CONSE	OUENCE O	χ? Œ]:								
¥	if any, leeding to immediate cause. Entar UNDERLYING	Da 4	3, - 011	011								İ	
Ĕ	CAUSE (Disease or Injury that Initiated evente	DUE TO	(OR AS A CONSE	QUENCE O	OF):								
CERTIFICATION	resulting in death) LAST	d											
	PART ii Other elgoliticent conditio	ne contribution to	doub but out		t= 45 t								
SICAL	PART ii. Other eignificent conditio	ne contributing to	death but npt	resulting	in the under	ying ceuse	given in		PERFO	N AUTOPSY	246	AMAILABLE PRIOR	OT F
ă								1[YES	2 NO		COMPLETION OF OF DEATH?	CAUSE
MEC	DID TODA CCO LICE	CO. 1-01011-1				\max.				U		1 YES 2	NO
Z	DID TOBACCO USE	COMIKIBUII	: IO CAU	SE OF			J NO						
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	B. PLACE OF I	DEATH (Ch	eck only one)					
ΥS	1 VES 2 NO		ER/Outpatient 3				esidence	6 Other (Sp					
	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE Of (Month, L	Day, Year)	26b. TIA	JURY	INJURY AT WORK?	_	28d. DEŞCRII	BE HOW	INJURY O	CCURED		
B	2 Accident Investigation	20. 21.102				YES 2	NO						
8	3 Suicide 6 Could not be 4 Hornicide determined	28a. PLACE C	OF INJURY — At he , etc. (Specify)	ome, ferm,	street, factory,	office		281. LOCATIO City or To			er or Rural I	Route Number,	
E													
COMPLET	29a. CERTIFIER (Check only 1 CERTIFYING PHYS												
ő	one) 2 MEDICAL EXAMIN	ER: On the basic of a	examination end/or	investigati	on, in my opinie	n, death occu	red at the	time, date end	place, a	ind due to	the cause(s) end menner as	stated.
ш	29b. SIGNATURE AND TITLE OF CENTIFIE	98 (estrare	n P	Rosin	29c. LIC	ENSE NUI	MBER		29d. DA	TE SIGNED	(Month, Day, Year	')
10 B	1111-5	p-800 6	in curs	Kor	sel -	150	155	38		•	5/9	194	
F	30. NAME AND ADDRESS OF BERSON W					B. K	OPI	oel.	ML)			
		M.D. 30	1 St. Pa	aul F	Place S	uite 7	11 E	Baltimo	re,	MD 2	21202		
	31. DATE FILED (Month, Day, Year)	32 REGISTR	AR'S SIGNATURE	4018									
	JUN 131994	17	marie Mu										

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. Thours after death, Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.

IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	HEGISTHAH		CE	ENTIF	ICATI	UF	DEA	П		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF	DA	W	YEAR	3. TIME OF DEATH
	Margaret								June	,	994		3:45P M
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. les		IF UNDER	DAYS	IF UNDER	24 HRS.	7. DATE OF (Month, D	lay Year)		Counti	
- 17	217-20-5962	1 🗆 M 2/X F	77	May 30, 1						<u>0, 19</u>	917 Virginia		
	9a. FACILITY NAME (If not institution, give s	treet and number)			9b. CITY	, TOWN C	R LOCATI	ON OF DE	ATH		9c. COI	JNTY OF D	EATH
HO.	Meridian Loch Ray	ven		Towson							1	Balti	more
ַ	RESIDENCE OF DECEDENT 100. STATE 10b. COUNT												
DIRECTOR	100000000000000000000000000000000000000			10c. CITY, TOWN OR LOCATION									10d. INSIDE CITY LIMITS?
0	Maryland Ba.	ltimore		Baltimore							1 TYES 2 X NO		
A I	0.0000000000000000000000000000000000000					101	. ZIP CODI						WHAT COUNTRY?
FUNERAL	1210 St Andrews							239				JSA	
5	11. MARITAL STATUS 1 Never Married 2 X Married	FORCES? 1	T EVER IN U.S. AR	MED NO	100	if yes, sp	ecify Cuba	n, Mexica	HC ORIGIN? (S	Specify Yea an, atc.)	or No—	14. RACI Black	E — American Indian, k, White, atc.
ВҰ	3 Widowed 4 Divorced	IF YES, GIVE V	VAR OR DATES			1 TYES	XX NO	Specify	<i>/</i> :			Spec	
	15. DECEDENT'S EDU	CATION	16a DE	CEDENT'S	IISHAL O	CCLIDATIO	M.		165 1/1	ND OF BUS	MERCIN	DUETOV	White
COMPLETED	(Specify only highest grade	completed)	(G	ive kind of a	work done	during mo	st of working	ng	160, KI	ND OF BUS	NE22/IN	DUSTRY	
7	Elementary/Secondary (0-12)	College (1-4 or 5	+)							D = 1.4		0:	
₹	17. FATHER'S NAME (First, Middle, Last)	4		Teac	ner	_	40 1400	VED10 114	ME (First, Mide			re Ci	TV
		A a Tue el e e					16. MOT				,		
BE	James Francis	<u>McThdoe</u>	140						aret				
유	, , , , , , , , , , , , , , , , , , , ,		- 1						Route Number,				
	William K. Boet	ttinger						A Re	altimo				
	METHOD OF DISPOSITION Burlei 2 Cremetion 3 Rem	oval from State	cemetery, cre	matory or o	OF DISPOS (her place)	SITION /Na	me of		OATE	20c. LO	CATION -	- City or To	own, State
- 7)	4 Denetion 5 Other (Specify)	war Al	<u> Luular</u>	ney v	alle	y Me	em. G	ar.	16/10	Lut	cher	/ille	,Maryland
	I anni Min	Han (Xos	ak/		22.	NAME A	IO AOORE	SS OF FA	ditche	11_Wi	edet	hla	Home
	Dennis Stanne	en Xeriaki	S M	00640	65	00 \	'ork						nd 21212
	23. PART i. Enter the diseases, or	complications the	t caused the de	eath. Do I		the mo	da of dy	ing, auc	h aa cardia	or respi	ratory a	rrest,	Approximata
	shock, or heart fallure. IMMEDIATE CAUSE (Final	List only one can	use on each line		1		D	1					interval Batween Onset and Death
	disease or condition	Th		n 1	/	1.	/_	8 0		`_			1211
	reaulting in death)	DUE TO	(OR AS A CONSEC	QUENCE O	n:	7	-07		nu	-			- yw
-		. 10	COV	D		0	0						2140
0	Sequentially list conditions, if any, leading to immediate	DUE TO	(OR AS A CONSE	OUENCE O	F):								3,900.
CERTIFICATION	cause. Enter UNDERLYING												
Ĕ	CAUSE (Disease or injury that initiated events	DUE TO	(OR AS A CONSE	DUENCE O	F):								
R	resulting in death) LAST	d.											
EDICAL	PART II. Other significant condition	s contributing to	death but not r	eaulting	in the ur	derlyin	g cause (given in	Part i. 24	Ia. WAS AN PERFOR		246	. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO
음									1	YES 2	□ NO		COMPLETION OF CAUSE OF DEATH?
ME												1	1 - YES 2 - NO
N S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	MORBITAL					ACE OF D	EATH (Ch	eck only one)				
Sic	1 TES 2 1000	HOSPITAL:	ER/Outpetient 3	□ DOA	4 W Nur	M: sing Hom	e 5 🗆 R	sidence	6 🗆 Other (S	Specify)			
PHYSICIAN	27. MANNER OF DEATH	28a. DATE OF (Month, L		28b. TIM		28c. INJ			28d. OESCR		NJURY O	CCUREO	
ВУБ	1 Netural 5 Pending 2 Accident Investigation	,,,,,,,,,,	, , , , , , , , , , , , , , , , , , ,		М		ES 2] NO					
	3 Suicide 8 Could not its	28a. PLACE C	OF INJURY — At ho	me, tarm,	street, tac	tory, offic			281. LOCATI	ON (Street I	and Numbe	or Aural I	Route Number,
E	4 Homicide detarrated	bunding,	etc. (Specify)						City or	Town, State)			
"	29a. CERTIFIER	ICIAN. To the heat of	- Impulsation de	ant.			527.50						
Σ	(Check only one) 2 MEDICAL EXAMINE	R: On the best of											
COMPLETED		Α		yatıyatı	201, III 111Y V	Aprillion, o				d prace, an	G dus to	the cause(i	s) and mannar as sured.
BE	29b. SIGNATURE AND TITLE OF CERTIFIE	4 /			n-	_	29c. LICI	ENSE NUA	MBER	_			(Month, Day, Year)
2	Denne!	and	mar	0	m	12	1	07	500	7	P 6	5/7/9	4
-	//	O COMPLETEO CAU											
	George Gilm	ore 1717	York Ro	oad L	uthe	rvil	le,	Mary	land :	2 <u>109</u> 3	}		
	JUN 13 1994	REGISTRA	AR'S SIGNATURE	we									
	0011	4/	*										

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1 - FOR STATE REGISTRAR

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F VITAL
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	1. DECEDENT'S NAME (First, Middle, Lat	eft.		LHIIFIC	AIE O	F DEA	1	HEG. NO	0.				
	I. DECEMENT & NAME (FESt, MIDDIE, LIK	BRENDA	M. B	ARNI	HART			2. DATE OF DEATH		S. TIME OF	315PM		
	4. SOCIAL SECURITY NUMBER 217 66 4610	5. SEX 6.	AGE (In yrs. les	st birthday) IF	UNDER 1 YEA	R IF UNDER	24 HRS.	7 DATE OF BIRTH	1 1	BIRTHPLACE (State Country)	or Foreign		
	9a. FACILITY NAME (If not institution, give	1 M 2 F	30	YRS.		N OR LOCATI	ON OF DEA	(Month, Day, Year) 1/29/5		Md.			
	Northwest Med		er			alto.	ON OF DEA	ain.	9c. COUNTY Ba	ito.			
DIRECTOR	RESIDENCE OF DECEDENT 10a, STATE 10b, COU	NTY		10c. CITY, TO	OWN OR LO	CATION		10d, INSIDE CITY					
		Baltimore				Wood	lawr	n		T YES			
FUNERAL	100. STREET AND NUMBER 6935 Rockfie	ld Rd.				101. ZIP COD	2124	14		N OF WHAT COUNT USA	RY?		
20	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EX	ER IN U.S. AF	IMED	13. WAS D	DECENDENT (OF HISPANI	C ORIGIN? (Specify Y	es or No- 14	. RACE — American Black, White, atc.	n Indian,		
5	3 Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES			ES 2 NO			В	1°ack			
	15. DECEDENT'S E (Specify only highest gra	ide completed)	(G	CEDENT'S USU live kind of work Do NOT use re	done during	ATION most of workli	ng	16b. KIND OF B	USINESS/INDUS	TRY			
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)		spira		Ther	apis	st Deat	on N.	Home			
ם כסו	17. FATHER'S NAME (First, Middle, Last) Robert Moran	t				16. MOT	EVE	elyn Bur	gess				
2	Joseph Ba	rnhart	19	69	MAILING ADDRESS (Street and Number or Bural Route Number, City or Town, State, Zip Code) d. 21244								
	20s. METHOD OF DISPOSITION 5€ Burlel 2 □ Cremetion 3 □ R 4 □ Donation 5 □ Other (Specify)	emovel from State		nd DATE 20c. LOCATION — City or Town, State metory or other place) LUS Balto., Md.							_		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY James A. Morton & Sons												
	James	a. Mor	lon					ns St. E		, Md. 2	21217		
23. PART I/Entar the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ehock, or heart failure. List only one cause on each line.													
	IMMEDIATE CAUSE (Final disease or condition resulting in death) a. CARDIOMY OPATHY (POSTPARTUM) DUE TO (OR AS A CONSEQUENCE OF):												
	resulting in death)	DUE TO (OR	AS A CONSE	OUENCE OF):	0	,	6	0) 11/10	1011	-			
	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Indust) CAUSE (Disease or Indust)												
	CAUSE (Disease or Injury	ARRE	51										
CERILL	thet initieted events resulting in death) LAST DUE TO (OR AS.) CONSEQUENCE OF): d												
_	PART II. Other significant conditions		th but not i	esulting in t	he underly	ying ceuse	given in F	Part I. 24s. WAS A	N AUTOPSY DRMED?	24b. WERE AUTOP			
EDICAL	PNEUM	MONIA						1 □ YES		COMPLETION OF DEATH?			
Σ										1 🗌 YES 2	≥ □ NO		
CIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				PLACE OF D	EATH (Chec	ck only one)					
HYSICI	1 TYES 2 NO	1 Inpetient 2 ER				lome 5 - Re		Other (Specify)	IN HIEV COOK	250			
	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Y		INJURY		WORK?		200. DESCRIBE HOW	INJURY OCCU	4ED			
LED B	3 Suicide 8 Could not be determined	28a PLACE OF IN	JURY — At he (Specify)	me, form, stree	it, factory, o	ffice		28f. LOCATION (Stree City or Town, State	t and Number or	Rural Route Number,			
MPLET		YSICIAN: To the best of my	knowledge, de	eth occurred a	t the time, d	lete and place	, end due t	to the cause(a) and m	anner aa stated.				
5		INER: On the beals of exami	nation and/or	Investigation, is	ny opinio	n, death occu	red at the t	ime, data and place,	and due to the o	ause(e) end manner	r ee stated.		
D 8E	29b. SIGNATURE AND TITUE OF CERTIF	Vell in	D			29c. LIC	Z7	157	29d. DATE S	GIGNED (Month / Day,	Voar) L		
-	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE O	F DEATH (ITE					11-00	TAI		70		
- 1	CANDLD	DETEST	,190	106	11-11	TWE	71	HOSPi	1/th	-FHILE	K		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	All Control	6	1211	TWE	7!	HOSPI	1/th C	EPLE	K		

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	- 2	1. DECEDENT'S NAME (First,	Middle, Last)								2. OATE OF E	DEATH DA	ıv.	YEAR	3. TIME OF OEATH
			LLOMENA		N						JUNE	7	199		2:05PM M
		4. SOCIAL SECURITY NUMB			B. AGE (In yrs.	rs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.					7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign Country)				
P		163-28-2979	9	□ M 2 🔀 F	9.8	YRS.					April	27.	1896		
3 should	œ	9e. FACILITY NAME (If not in:					9b. CITY, TO	OWN OF	R LOCATIO	ON OF DEA	ТН		9c. COUN	TY OF DEA	ATH
€.	DIRECTOR	Greater Ba	ltimore	Medical	Cente	r Towson								Balto	
permit. Pages 1,	H.	10e. STATE	10b. COUNTY			10c. CITY	ON					IOd. INSIDE CITY LIMITS?			
ij. P		Maryland	В	alto.			Tot	WSO!							YES 2 K NO
ult per	ERAL	10e. STREET AND NUMBER	hh Ohara	log Chwo	o. 4s			10f.	ZIP CODE	: 21204	4		10g. CITI		.A.
clan. I-trans	FUNE	NOLT		les Stre		ARMED	13. WA	S DECE			C ORIGIN? (Sp	acify Van	or No		- American Indian,
physi	4 1	1 Never Merried 2		FORCES? 1 [IF YES, GIVE WAI		NO	If y	ee, spe		, Mexican.	Puerto Ricen			Black, Specify:	White, etc.
as the	р Вү	3 X Widowed 4 Divor													White
or atte	ETE	(Specify only	EDENT'S EDUCAT	mpleted)	16a.	DECEDENT'S I (Give kind of w life. Do NOT use	JSUAL OCCU ork done duri	JPATION Ing most	N I of working	g	16b. KINI	D OF BUS	INESS/IND	USTRY	
spital red for		Elementary/Secondary (0-	-12)	College (1-4 or 5+)		Regis	_					Medi	cal	Servi	ces
he hos detach once,	COMPL	17. FATHER'S NAME (First, Mi	ddle, Last)						16. MOTH	ER'S NAM	E (First, Middle	, Maiden	Sumeme)		
d be	W	Harry A.	Ganse						P	auli:	ne C.	Knoc	lel		
retained 5 should notified	TO B	19e. INFORMANT'S NAME (7)	/pe/Print)			19b. MAILING									
y be rage 5	-	James McCo:			1			-		. Ph	oenix				
ector, p		1 Buriel 2 Crematio	n 3X Hamova	from State	cemetery i	seand date of comments of the second	ner niece)			v 6/	DATE			or, I	1000
Page al dire		21. SIGNATURE OF FUNERAL		4 2 1	HOLY	sepui				S OF FACI		- ")	TIGHTO	01/ 1	
hours after death. Page 6 may be retained by the hospital or attending physician. ed in by the funeral director, page 5 should be detached for use as the burial-transit or removal. medical examiner must be notified at once.		> / malel	CA	. halu	h								ck Rd	•	1204
ours after d in by the or removal		23. PART i. Enter tha di	seasea, or con	pilications that	causad tha	death. Do n	R11	ck a mod	TOWS	on F	uneral	HOT or respi	ne, 1	nc . eat,	Approximate
filled in on, or re		shock, or he IMMEDIATE CAUSE (Fin	eart failura. Lie	t only one cause	a on each ii	ne.									intarval Batwean Onsat and Daath
with: pletely fille cremation, rent, the		disease or condition resulting in death)	→ a.	Acute (cerebr	ovascu	ılar t	hro	ombos	sis a	ind st	roke			4 days
completely ial, cremati				DUE TO (C	OR AS A CONS	SEQUENCE OF):								
ation atte	NO N	Sequantially list conditi		DUE TO (C	DR AS A CONS	SEOUENCE OF	١٠								
	AT	if any, leading to immed cause. Enter UNDERLY	NG	,			,.								<u> </u>
death certificate be extending physician a ental Hygiene prior to iny, or other traum	ERTIFICATION	CAUSE (Disease or inju- that initiated avents		DUE TO (C	R AS A CONS	SEQUENCE OF):								
tendir tal Hyg	HH	resulting in death) LAST	d												
THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior t PORTANT: If Item 28 is marked, or Item 23 shows any injury, or other trausing PORTANT:	L C	PART II. Other aignifican	nt conditions	ontributing to d	eath but no	t resulting is	n tha unde	riying	causa g	ivan in P	art i. 24a		AUTOPSY		VERE AUTOPSY FINDINGS
that hed by th and	DICAL										_ 1	PERFOR		(WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
equires that a signed of Health a hows any	WE											/		- 1	YES 2 NO
law recast been been been of 23 sh	ä	DID TOBACC		ONTRIBUTE	TO CA	USE OF					-				
V: The cate h State (SCI	25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO	F	OSPITAL:			OTHER:				ck only one)				
sicial certification the	PHYSICIAN:	27. MANNER OF DEATH		26e. DATE OF II	NJURY	26b. TIME	OF 28	Home			Other (Spi 28d, DESCRIE		NJURY OCC	URED	
NG PHYS fter this eath with marked	ВУ Р		Pending investigation	(Month, Day	; Year)	JUNI		NOR	RK? ES 2 [NO NO					
NDING R: Afte er deal		3 Suicide 6	Could not be	26e. PLACE OF building, et	INJURY At	home, ferm, st	treet, factory	, office			281. LOCATION	N (Street a	and Number	or Rural Ro	ute Number,
L DR ATTENDING P DIRECTOR: After the hours after death item 28 is mark	ETE	4 Homicide	determined												
TAL DR /	IPL	000)		N: To the best of m											
TO THE HOSPITAL TO THE FUNERAL De filed within 72 IMPORTANT: If	COMPL	2 MEDI		On the beals of exa	mination end/	or investigation	n, in my opin	ilon, de	ath occur	ed at the ti	me, date end	place, an	d due to th	e ceuse(e)	and manner ee stated.
THE F	BE	29b. SIGNATURE AND TITLE	OF CENTURES	des						NSE NUME				SIGNED (Month, Day, Year)
₽₽% ₹	2	30. NAME AND ADDRESS OF	PERSON WHO C	OMPLETED CAUSE	OF DEATH (I	TEM 27) (7/ne	Print)	1		-10	49		(4)	7 - /	-94
		A4.61	41LA		10	7600	00	54	EK	20	r. 70	W.	SON	MA	21204
-		31. DATE FILED (Month), Day,		32. REGISTRAR	'S SIGNATURE										*
		11IN 1 2	1004	del K	. ,	2									
		I I -0	190	1	HAST -	autorities.									OHMH-16 Rev 1/89

08. 1 K

3. TIME OF DEATH

12:03

2. DATE OF DEATH DAY
June 10

1 - FOR STATE REGISTRAR

1. DECEOENT'S NAME (First, Middle, Last)

William

Joseph

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		4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	last birthday)	_IF t	NDER 1 YEAR	IF UNDER	24 HRS.		E OF BIRTN	195		ACE (State or Foreign	
**	1 8	215-40-0544	1 M 2 F	51	YRS.	MON	THS DAYS	HOURS	MIN.	Sep.	t.4,194	42	2 Maryland		
should	1 8	9a. FACILITY NAME (If not institution, give	street and number)			9b.	CITY, TOWN	OR LOCATIO	ON OF OR	<u> </u>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		NTY OF DEA		
2,	CTOR	5101 McFaul Rd.					Balt	imore	e Co	untv	,	Ва	altimo	re	
- -	[[RESIDENCE OF DECEDENT 10a. STATE 10b. COUN	ity		10c CIT	v m	WN OR LOCA						T-1		
Pag.	DIRE	Maryland	Baltimore	5	100.01	1, 10			Co					0d. INSIDE CITY LIMITS?	
ermit	AL	10e. STREET AND NUMBER	Darchiole					CIMORE		unty		100 CIT		T COUNTRY?	
an. transit p	E	5101 McFaul Rd.						212				l	ISA		
enoing physician. as the burial-transit permit. Pages	BY FUN	1 Never Married 2 X Married 3 Widowed 4 Divorced	IF YES, GIVE Y	IT EVER IN U.S. YES 2 WAR OR DATES WAR			13. WAS DE If yes, s 1 _ YE	CENDENT O pecify Cuba S 2 NO	of HISPAN n, Maxica Specify	NIC ORIGI In, Puerto y:	IN? (Specify Yes Rican, etc.)	or No-	14. RACE — Black, V Specify:	American Indian, White, atc.	
use a	TED	15. DECEDENT'S ED (Specify only highest grad		16a.	DECEDENT'S	work o	lone durina m	ION lost of workin	ıa	16	b. KIND OF BUS	SINESS/INC	USTRY	WITEOC	
hed for u	APLET	12th grade	College (1-4 or 5	+) N	etwork	se reti	red.)		•	М	d. Env	ironn	ental		
nous area deam, rage o may be tetained by the hospital of att di ib by the funeral director, page 5 should be detached for use or removal. medical examiner must be notified at once.	E COMPL	17. FATHER'S NAME (First, Middle, Last) John Lawrence Cl	asson								Middle, Maiden abeth k				
5 should notified	00	19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADO	RESS (Street				nber, City or Town	0	Code		
be not	5	Mrs. Ruth E. Cla	sson		5101	Мс	Faul	Rd. B	Balti	imor	e, Md.	2120	6		
ector, pa		20e. METHOD OF DISPOSITION 1 © Burlel 2 Cremetton 3 Removal from State 20b. PLACE AND OATE OF DISPOSITION (Name of cemetory, or enterprise or other (Specify) 4 Donation 5 Dother (Specify) 4 Donation 5 Dother (Specify) 20b. PLACE AND OATE OF DISPOSITION (Name of cemetory, or enterprise or other place) HOLLY HILL Mem. Gardens 6-13-94 Baltimore, Md.											, State		
e funeral dir e tamenal dir examiner		21. SIGNATURE OF FUNERAL SERVICE LICENSEE Lassahn Funeral Home 7/01 Relain Rd Rd Relain Rd Rd Rd Rd Rd Rd Rd Rd Rd Rd Rd Rd Rd													
the fune val.							7401	Bela	ir F	Rd.	Baltimo	ore.	Md. 2	1236	
d in by the or remova		23. PART I. Enter the diseesea, or shock, or heert failure	complications the	t caused the	desth. Do r	ot e	nter the m	ode of dyl	ng, sucl	h aa car	diac or respi	ratory an	est,	Approximata	
		IMMEDIATE CAUSE (Final disease or condition resulting in death)				· d i	ial T	nfar	cti	οn				Interval Between Onset and Deeth	
completely nal, cremati c event, t				OR AS A CON									···		
or other traumatic event, the	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING													
physic ne pno	FICA	CAUSE (Disease or Injury	cDUE TO (OR AS A CONSEQUENCE OF):												
	E	that initiated events resulting in death) LAST d													
as been signed by the attending ph Dept. of Heafth and Mental Hygiene 23 shows any Injury, or other		PART II. Other significant condition	ons contributing to	deeth but no	t resulting	In the	underlyin	g ceuse g	Iven In	Part I.	24s. WAS AN		24b. WI	ERE AUTOPSY FINDINGS	
ned by	MEDICAL	Hyperte	ension —								PERFOR		cc	MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?	
or Head		Obesit									-	X.		YES 2 NO	
has be Dept.	IAN:	25. WAS CASE REFERED TO MEDICAL													
	SICI/	EXAMINER?	HOSPITAL:			ОТІ	26. P	LACE OF OF	EATH (Che	ock only o	ne)				
the S	PHYS	1 ∑ YES 2 ☐ NO 27. MANNER OF DEATN	1 Inpatient 2 D		3 DOA		Nursing Hor	ne 5 X Red JURY AT	sidence		or (Specify) SCRIBE HOW IN	1 11 12 11 11 11			
fter this cath with marked,	ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, D	ay, Year)	INJ	URY	4 1 🗆	YES 2	NO NO	200. DE	SCHIBE HOW IF	IJUHT OC	UHEO		
after d	ETED	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE O building,	F INJURY — At etc. (Specify)	home, term, s	rreet,	factory, offic	Ca		28t, LOC	or Town, State)	nd Number	or Rural Rout	e Number,	
DIRE	_	29a. CERTIFIER (Check only	SICIAN: To the best of	my knowledge,	death occurre	ed at 1	he time, date	and place,	end due	to the ca	use(a) end man	ner en stat	nd.		
FUNERAL within 72 I	COMP	one) 2 MEDICAL EXAMIN												nd manner sa stated.	
TO THE FUNERA be filed within 7 IMPORTANT:	BE (296. SIGNATURE AND TITLE OF CERTIFIE	ER					29c. LJCE	NSE NUM	BER		29d. DATI	SIGNEO (M	onth, Day, Year)	
2 2 2	5	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUS	Medi SE OF OEATH (I	CA 1 F	Print)	mino	r D	010	85_		Ju	no	10, 1994	
+1		Stanlay 7 I	Felsenbe	re M.	D.,	11	Ε.	Chas	e S	tre	et :	2120	2		
		31. DATE FILED (MONTH), Day 1997	32. PECESTRA	R'S SHATURE	uL.										
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

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PER MEO FILM G-712 6/13/94 t.t T I.II.27.28a.b.c.d.e.f PER MEO G-713 7/6/94 reb

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH JUDITH CANTER YEAR 1116A JUNE 94 4. SOCIAL SECURITY NUMBER 8. BIRTHPLACE (State or Foreign Country) 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR | IF UNDER 24 HRS. 1 M 2 7 F 217-32-4011 58 YRS. JUNE 18 1935 WASHINGTON. D.C 9a. FACILITY NAME (If not institution, give street and number)
PATUXENT RIVER NAVAL HOSPIT 9b. CITY, TOWN OR LOCATION OF DEATH RC. COUNTY OF DEATH DIRECTOR RESIDENCE OF DECEDENT PATUXENT RIVER RIDGE ST. MARY's 10a, STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND ST. MARY'S RIDGE 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? P.O. BOX 64 20680 UNITED STATES 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No it yes, specify Cuban, Mexican, Puerto Rican, etc.)
 U YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 1 Never Merried 2 Narried BY 3 Widowed 4 Divorced WHITE COMPLETED 15. DECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade Elementary/Secondary (0-12) Coffege (1-4 or 5+) SECRETARY CIVIL SERVICE 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) BE THOMAS MILLER VIVIAN BERRY 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 P.O. BOX 64, RIDGE, MARYLAND 20680 HALVOR L. CANTER pe 20a, METHOD OF DISPOSITION
1 (\(\) Buriel 2 \(\) Cremation 3 \(\)
4 \(\) Donation \(\) Disposition (Specify) PLACEAND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE MICHAEL S CEMETERY 6/9/94 RIDGE, MARYLAND 22. NAME AND ADDRESS OF FACILITY BRINSFIELD BRINSFIELD FUNERAL HOME M00052 P.O. BOX 279, LEONARDTOWN, MARYLAND 20650 23. PART I. Enter the disesses, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or heart fellure. List only one cause on each line Interval Between IMMEDIATE CAUSE (Finel Onset and Death disease or condition COMBINED DRUG INTOXICATION resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Diseese or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST PART ii. Other algnificent conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24s. WAS AN AUTOPSY PERFORMED? MEDICAL FATTY METAMORPHOSIS OF LIVER 1 YES 2 NO OF DEATH? YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES | NO | PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one) HOSPITAL OTHER: 1 Inpetient 2 ER/Outpetient 3 I DOA 1 YES 2 NO 4 Nursing Home 5 Residence 8 Other (Specify) 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Netural 6/4/94 A M 1 TYES 2 XX NO UNKNOWN BY 2 Accident 28e. PLACE OF INJURY — At home, term, street, fectory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) SOUTH RIDGE APTS., Apt. 19 ST. MARY'S COUNTY, MD. 3 Suicide 8 XXCould not be COMPLETED 4 Homicide HOME 29e. CERTIFIER

(Chack only

1 CERTIFYING PHYSICIAN: To the best of my knowledge, deeth occurred at the time, date end place, end due to the cause(e) end menner se stated. TO THE HOSPITAL ITO THE FUNERAL IS be filed within 72 h MEDICAL EXAMINER: On the baste of examination end/or investigation, in my opinion, death occured at the time, date end place, and due to the cause(e) and manner se stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE JUNE 05/94 O.C.M.E. 2 PLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

OF HEGISTRAN'S STONATURE

111 Penn Street, Baltimore, Maryland 21201

use as the burial-transit permit. Pages 1, 2, 3 should

the hospital or attending physician.

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signed by the attending physician Health and Mental Hygiene prior to

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After the

DIRECTOR: /

in by the funeral director, page 5 should be detached removal,

Page 6 may be retained by

ours after death.

executed within

BALTIMORE. MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Exhibits and leads. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Middle, Last) FRANK D. CRISER 2. DATE OF OEATH MONTH JUN 1844 1994 YEAR										3. TIME OF DEATH 9:15 pm			
	4. SOCIAL SECURITY NUM	BER	5. SEX	6. AGE (In yrs. las	t birthday)	IF UNDER		IF UNDER		7. DATE OF BIRTN (Month, Day, Year)				PLACE (State or Foreign
	233-09-030		1 X M 2 - F	91	YRS.	MONTHS	DAYS	HOURS	MIN.	Nov.	16,1	902	Kai	nsas
OR	99. FACILITY NAME (If not it Saint Jose	eph Hosp	,			96. CITY		R LOCATI		yland		more		
DIRECTOR	RESIDENCE OF DE	10b. COUNTY		10c. CITY, TOWN OR LOCATION							10d, INSIDE CITY			
	MD	Bal	timore		Baltimore									LIMITS?
FUNERAL	100. STREET AND NUMBER 8720 Em		d				101	. ZIP COD	_			10g. CITI	ZEN OF W	/HAT COUNTRY?
肖	11. MARITAL STATUS	ge Roa		IT EVER IN U.S. AR	MED	13.	WAS DEC		234	IIC ORIGIN? (S	inecity Ves	or No	14 BACE	USA — American Indian,
	1 Never Married 2	100000000000000000000000000000000000000	FORCES? 1	IT EVER IN U.S. AR	10		it yes, sp	ecify Cube	m, Mexica	n, Puerto Rica	n, atc.)		Black Specif	, White, etc.
ВУ											White			
H	(Specify on	CEDENT'S EDUC ly highest grade	CATION completed)	(G	ive kind of	work done	CCUPATIO	ON ost of working	ng	16b. KII	ND OF BUS	SINESS/INC	DUSTRY	
COMPLETED	Elementary/Secondary (Unknown		College (1-4 or 5		Mach	inis	t's	He1p	er		Rail	road		
	17. FATNER'S NAME (First, A Charles	Middle, Last) Cris	er							me (First, Midd rude G		,		
) BE	19a, INFORMANT'S NAME (Type/Print)		19	. MAILING	ADDRESS	(Street e			Route Number,			Code)	
٩	Margie Pt		ki		890	2 Ki	lken	ny C	ircl	e Bal				
	20e. METHOD OF DISPOSIT 1 X Burlet 2 Cremetic 4 Donation 5 Other	on 3 🗌 Remo	oval from State	cemetery, cre	matory or o				6	DATE		CATION —		
	21. SIGNATURE OF FUNERA	1 1 27	ENSFE	• Dav	18 C	22.	NAME A	ND ADDRE	SS OF FA				1, WV	
	Rotruck-Smith Funeral Home 85 S. Main Street Keyser, WV 2672													
\vdash	23. PART i, Enter the o	liseases, or o	complications the	nt caused the de	ath. Do	not enter	the mo	. Ma	ing auc	treet	Key	ser,	WV	26726 Approximate
	23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due TO (OR AS A CONSEQUENCE OF): Approximate Interval Between Onset and Daath 6 DAYS													
z			DUE TO	OR AS A CONSE	DUENCE O	F):								
ATIO	Sequentially list condit if any, leading to imme cause. Enter UNDERLY	diata	DUE TO	(OR AS A CONSE	DUENCE O	F):								
CERTIFICATION	CAUSE (Disease or injutiated events	ury 1	OUE TO	(OR AS A CONSE	DUENCE O	F):								
E	resulting in death) LAS	a C	d											
	PART II. Other aignifica	ent condition	s contributing to	daath but not r	esulting	In the ur	derlyin	g cause	given in	Part i. 24	a. WAS AN		24b.	WERE AUTOPSY FINDINGS
EDICAL	SEIZURES	HIGH BI	LOOD PRE	SSURE			_			t	YES 2			AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ME														1 - YES 2 NO
ž	DID TOBACC		CONTRIBUTE	TO CAUS	SE OF	DEAT			NO	148				
SICIAN	25. WAS CASE REFERRED TEXAMINER?	TO MEDICAL	HOSPITAL:	Salatacey co		OTHER	3:			eck only one)				
PHYS	1 YES 2 NO		1 (d Inpatient 2)	ER/Outpatient 3	28b. TIM		28c. INJ		sidence	8 Other (S		N IIIBY OC	CHRED	
		Pending	(Month, L			JURY	WC	PRK?	NO	200. 524011	DE HOW I	1100111 00	CONED	
	2 Accident investigation										loute Number,			
TED	4 Homicide determined City or Town, State)													
F	29a. CERTIFIER 1 CER	TIFYING PNYSH	CIAN: To the best of	f my knowledge, de	ath occurr	red at the t	lme, dete	and place	, and due	to the cause(s) end mar	ner as sta	led,	
COMPLET) end menner ee stated.
BEC	29b. SIGNATURE AND TITLE	E OF CERTIFIER	Nh. s.	7				29c. LIC	ENSE NUM	MBER		29d. DAT	E SIGNEO	(Month, Day, Year)
TO B		<u>C</u> ,	Housai						5060			D 6	15	194
	30. NAME AND ADDRESS OF	SARI, N	O COMPLETED CAU	SE OF DEATH (ITE	HOS	PITAL	76	20 YC	PK	RD, BAL	TO N	D 21	204	
	31. DATE FILED (Month, Day,		32 REGISTRA	AR'S SIGNATURE						*				
	JUN 13199	4 8.	un Dander	- Rendelle										
		U												DHMH-18 Rev 1/89

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Pages 1, 2, 3 should permit. **U-transit** ician. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760, DIRECTOR hours after OR FUNERAL I TO THE HOSPITA
TO THE FUNERA
DE filed within 72
IMPORTANT: II

ENDING PRINCIAN: THE LAW REQUIRES THAT THE DEALTH CETTINGS BE EXECUTED WITHIN THIS ARE DEALTH. PAGE 6 MAY DE RETAINED BY THE HOSPITAL OF ALTENDING PHYS	R: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buris		
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1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH ZACHARY COSBY 9:07 JUNE 1994 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year 2 - 10 -8. BIRTHPLACE (State or Foreign DAYS HOURS 214-16-5285 YRS - 10-1 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR WALFORD DRIVE #D BALTIMORE DUNDALK 10a. STATE 10 CITY, TOWN OR LOCATION 10d. INSIDE CITY tomore 1 YES 2 NO FUNERAL 10e, STREET AND NUMBER WHAT COUNTRY? 101. ZIP CODE 10a. CITIZEN OF 21222 20 Y,UR . WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indien, Black, White, etc. 1 Never Merried 2 Merried If yes, specify Cuben, Mexican, Puerto Rican, atc.) 1 YES 2 1 NO Specify: BY 3 Wildowed 4 Divorced lack COMPLETED 15. DECEDENT'S EDUCATION ecity only highest grade comple 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (So (Give kind of work done during life. Do NOT use retired.) ndary (0-12) Coilege (1-4 or 5+) 9 nace STER urger 17. EATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Mi osbu eman notified at BE ho 014 a 21045 MANT'S NAME (Type/Print MAILINO ADDRESS (Street 2 Selev pe 20a METHOD OF DISPOSITION
11 Burlal 2 Cremation 3 Rem
4 Donation 5 Other (Specify) PLACE AND DATE OF DISPOSITION must 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 0 701 medical 23. PART I. Enter the diseases, or complications that caused is death. Do not antar the mode of dying, such as cardiac or respiratory arrest, abock, or heart failure. List only one cause on the line. Approximata Interval Between IMMEDIATE CAUSE (Final Oneat and Dasth the disease or condition PROSTATE CARCINOMA event, reaulting in death) DUE TO (OR AS A CONSEQUENCE OF): traumatic CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate Cause Enter LINDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 10 injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO any Arteriosclerotic Cardiovascular Disease COMPLETION DF CAUSE 1 - YES 2 X NO OF DEATH? Shows RENAL FAILURE
DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES 1 YES 2 NO NO 🔀 PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one Item **EXAMINER?** HOSPITAL: OTHER TX XES 2 - NO 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 4 - Nursing Home 5 Neeldence 6 - Other (Specify) 6 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF INJURY 28d. DESCRIBE HOW INJURY OCCURED marked, 1 X Natural 1 YES 2 NO ВҮ 2 Accident Investigation 28e. PLACE OF INJURY - At home, farm, street, lactory, office 3 Sulcide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28 is 8 Could not be determined COMPLETED 4 Homicide 29e. CERTIFIER best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and menner ee stated, * MEDICAL EXAMINER: On end/or investigation, in my opinion, death occured at the time, date end piece, end due to the cause(e) and menner ee stated. RE AND TITLE OF CENTIF 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE JUNE 11, 1994 O.C.M.E. 2 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) LARON LOCKE M.D. 111 Penn Street, Baltimore, Maryland 21201 39 REGISTRAR'S SIGNATURE
TUNA DELY LAND Rendell

DHMH-16 Rev 1/89

27. 17262

The common and a second of the common of

3. TIME OF DEATH 6:50 P

10d. INSIDE CITY

WHAT COUNTRY?

14. RACE — American Indian, Black, White, etc.

Specify: White

1 YES 2 NO

Approximate interval Between

WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE

OF DEATN? 1 - YES 2 - NO

29d. DATE SIGNED (Month, Day, Year)

Onset and Death

8. BIRTNPLACE (State or Foreign

Balto.Md.

9c. COUNTY OF DEATH

10g. CITIZEN OF USA

REG. NO.

2. DATE OF DEATH

Suh

4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH March 20,1914 078-09-9154 80 1 K M 2 | F use as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR Union Memorial Hospital Baltimore City RESIDENCE OF DECEDENT 10b. COUNTY 18c. CITY, TOWN OR LOCATION Md. Baltimore Towson 10f. ZIP CODE 21204 FUNERAL 10e. STREET AND NUMBER 615 Chestnut Ave. #1226 ours after death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 1 YES 2 NO IF YES, GIVE WAR OR OATES WWII 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexicen, Puerto Rican, etc.)

1 YES X NO Specify: BALTIMORE, MARYLAND 21215-0020 1 Never Merried 2 Merried В 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe Jo Elementary/Secondary (0-12) College (1-4 or 5+) Teacher / Coach Education be detached 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) George M. Chandlee Clara Rieman न BE notified page 5 should 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING AOORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Theodore M. Chandlee, Jr. 4100 N. Charles St. Bal.Md. 21218 traumatic event, the medical examiner must be 20e. METNOD OF DISPOSITION
1 Buffel 2 Cremetion 3 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, State funeral director, Greenmount Cem. Crematory 6/8/94 Baltimore, Md. notion 6 Other (South) Mitchell-Wiedereld Home, Inc. 6500 York Rd. Balto.Md. 21212 Stignien Xerrakis M00640 filled in by the 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, abock, or heart failure. List only one cause on each line. 0 IMMEDIATE CAUSE (Finsi cremation, disease or condition Cancer completely resulting in death) BOX 68760 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with signed by the attending physician and com Health and Mental Hygiene prior to burial, onla Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, issding to immediats cause. Enter UNDERLYING CERTIFICAT CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF): DIVISION OF VITAL RECORDS, P.O. that initiated events resulting in death) LAST injury, or PART ii. Other significant conditions contributing to dasth but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY 23 shows any 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES \(\square\) NO \(\sqrt{P}\) PHYSICIAN: Dept. certificate has 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATN (Check only one) HOSPITAL: State OTHER 1 TYES 2 TO NO Inpatient 2 - ER/Outpatient 3 - DOA ō the 27. MANNER OF DEATH 26e. DATE OF INJURY 26b. TIME OF 28c. INJURY AT 28d. DESCRIBE NOW INJURY OCCURED with t marked, 1 Naturel 1 YES 2 NO DIRECTOR: After the hours after death v BY 2 Accident TO THE HOSPITAL OR ATTENDING TO THE FUNERAL DIRECTOR: After be filed within 72 hours after deatl IMPORTANT: If Item 28 is m: 28s. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 3 Sulcide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED 4 Homicide 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my know riedge, death occurred at the time, date end place, end due to the ceuse(s) end menner es stated. 2 MEDICAL EXAMINER: On the besis 29b. SIGNATURE AND TITLE OF CERTIFIER 29c, LICENSE NUMBER BE 43 9 30. NAME AND ADDRESS OF PERSON WNO COMPLITED CAUSE OF DEATH (ITEM 27) (Type, Print) - Man

32. REGISTRAR'S SIGNATURE

STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

JUN 13 1994

George M Chandlee-Jr

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

DNMH-16 Rev 1/89

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equires that the death certificate be executed with anours after death. Page 6 may be retained by the hospital or attending physician.

The attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2. 3 should of Health and Mental Hygiene prior to burial. cremation. or removal.

The attending any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

RECORDS, P.O. BOX 68760,

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TO THE HOSPITAL OR ATTENDING PHYSICAL TO THE FUNERAL DIRECTOR: After this be filed within 72 hours after death with IMPORTANT; If item 28 is marked, or

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM			MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last)	E/A ROBE	ERT J. CIE		> 1	2. DATE OF DEATH	- 94	3. TIME OF DEATH 7/470 M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (I		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8. B	SIRTHPLACE (State or Foreign
	097-03-4732	1½ M 2 D F 8	8 YRS.	NTHE DAYS	HOURS MIN.	NOV. 9, 1	905 Ne	ew York
œ	9a. FACILITY NAME (If not institution, give a				R LOCATION OF DE	EATH	9c. COUNTY	OF DEATH
DIRECTOR	University of Ma	ryland Hospi	tal	Balt	imore			
REC	10a. STATE 10b. COUNTY		10c. CITY, T	OWN OR LOCAT	ION			10d. INSIDE CITY LIMITS?
	~	ieens	Fl	ushing				1 X YES 2 ND
FUNERAL	100. STREET AND NUMBER 152-09 32nd Ave.			101.	2IP CODE 11354			OF WHAT COUNTRY?
N	132-09 SZIIQ AVE.	12. WAS DECEDENT EVER IN	U.S. ARMED	13. WAS DEC		NIC ORIGIN? (Specify Yes	USA	RACE — American Indian,
	1 Never Merried 2 X Merried	FDRCES? 1 YES	2 NO '	Il yes, spe	cify Cuban, Mexica	n, Puarto Rican, atc.)		Black, White, atc.
Э ВУ	3 Widowed 4 Divorced		II		••			White
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	completed)	(Give kind of work life, Do NOT use n	done during mo:		16b. KIND OF BU	SINESS/INDUSTR	RY
PLE	Elementary/Secondary (0-12)	College (1-4 or 5+)	Bus Dri	,		New Yo	ork Cit	v
O.	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Meiden		2
BE	Michael Cielo				Franc			
0	19e. INFDRMANT'S NAME (Type/Print)					Route Number, City or Tow		
	Mary Ann Cielo					lushing, N		
	1 Buriel 2 Cremetion 3 N Reme	oval from State 20b.	PLACE AND DATE OF DEPTY, crematory or other	piage) i ona	neol 1 Cema		verton	
	21. SIGNATURE OF ECNERAL SERVICE LIC					ERAL HOME,		
	11. Bland	(11.0				Rd., Balti		m 21214
	23. PART L Enter the diseases, or o	complications that caused	the death. Do not					
	anock, or neerviellure.	List only one cause on ea	ch line.					interval Between Onset and Death
	diseese or condition reaulting in desth)	a/	GIB					
		DUE TO (OR AS A	CONSEDUENCE OF):	ficul,	1,			
O	Sequentially list conditiona, if any, leading to immediate	DUE TO (OR AS A	CONSEDUENCE OF):	riculi	75			
CAT	cause. Enter UNDERLYING CAUSE (Disease or injury	с						
E	that initiated eventa resulting in deeth) LAST	DUE TO (OR AS A	CONSEQUENCE DF):					
CERTIFICATION		d						
AL	PART ii. Other significent condition	a contributing to death be	at not resulting in t	the underlying	cause given in	Part i. 24s. WAS AN		24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
PHYSICIAN: MEDIC	- HOM	c Steno	SIS			1 YES 2	NO NO	COMPLETION OF CAUSE OF DEATH?
ME	DID TORACCO LISE (CHT	CALLICE OF B	EATH M	F6 F7 N6	′		1 TYES 2 ND
AN	DID TOBACCO USE C	ONIKIBUTE TO	CAUSE OF L		ACE OF DEATH (Ch			
SIC	EXAMINER? 1 YES 2 NO	HOSPITAL:		THER:		a Other (Specify)		
H	27. MANNER OF OEATH	28s. OATE DF INJURY (Month, Day, Year)	28b. TIME D	F 28c. INJ		28d. OE\$CRIBE HDW I	NJURY OCCURE	:D
BY	1 Natural 5 Pending 2 Accident Investigation	, , , , , , , , , , , , , , , , , , , ,			ES 2 ND			
	3 Suicide a Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Speci	— At home, ferm, stre-	et, factory, office		28t. LOCATION (Street a City or Town, State)	and Number or Ru	ural Route Number,
Ē	29a. CERTIFIER		AL					
COMPLET	(Check only	CIAN: To the best of my knowless: Dn the beels of exemination						use(e) and manner se stated
	29b. SIGNATURE AND TITLE OF CERTIFIER		. 341		29c. LICENSE NUI			SNED (Mogifh, Day, Year)
BE	mi	· ~ /	N		TOU ENGINEE NO		▶ 6	19/91
임	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DE					/	
	Michael Gr	allagher a	225.6100	1.51	BALTO	n. mo		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA	TURE					
- 0	111N T 9 1994	Julis Dender 1	ANGESTER					

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

Pages 1, 2, 3 should

STATE	0F	MARYLAND	1	DEPARTMENT	0F	HEALTH	AND	MENTAL	HYG	IENI
		C	E	RTIFICATE	0	F DEAT	TH		DEC	NO

	FOR 1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPA CERTIF	RTMENT OF	HEALTH AND	MENTAL HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)					2, DATE OF DEATH	7 5	3. TIME OF DEATN
	Preston M. Dors	ey				June 7, 19	94	11:37 A. M
	4. SOCIAL SECURITY NUMBER 212 24 3146	5. SEX 6. AG	E (In yrs. last birthday,	MONTHS DAY		7. DATE OF BIRTH (Month, Day, Year) 3-21-192	3 a. BIRT	INPLACE (State or Foreign stry) Md
œ	9a. FACILITY NAME (If not institution, give				N OR LOCATION OF	DEATN	9c. COUNTY OF	DEATN
TO.	VA Medical Ce	nter		BAL	TIMORE			
DIRECTOR	10a. STATE Md 10b. COUNT	Υ		TY, TOWN OR LO	CATION			10d. INSIDE CITY LIMITS? 1 X YES 2 NO
AL	10e. STREET AND NUMBER				101. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?
FUNERAL	2702 Keyworth Av	e			21215		US	A
BY	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 NO	If yes		ANIC ORIGIN? (Specify Yes con, Puerto Rican, atc.)	Blad	CE — American Indian, ck, White, etc.
ED	15. DECEDENT'S EDU (Specify only highest grade	ICATION completed	16a. DECEDENT	S USUAL OCCUP	ATION most of working	16b. KIND OF BUSI	NESS/INDUSTRY	
COMPLET	Elementary/Secondary (0-12) 10th	College (1-4 or 5+)	Pipe	uma entirari l	most or working	Const	ruction	
00	17. FATNER'S NAME (First, Middle, Last)					NAME (First, Middle, Maiden Si		
BE	Roland Dorsey					uction Alice		S
2	198. INFORMANT'S NAME (Type/Print) Preston E. Dorse					Polite Number, City or Town,		
			2/2			Balto, Md 2	IZIO	
	20s. METHOD OF DISPOSITION 1 A Burlel 2 Cremation 3 Ren 4 Donation 6 Other (Specify)	noval from State	Garriso	other place)	t. Vet			lls, Md
	21. SIGNATURE OF FUNERAL SERVICE LI			22. NAME	AND ADDRESS OF	FACILITY	11193 111	113, 114
3	Sala	March		43	rch F/H I 00 Waba	sh Avenue	Balto,	Md 21215
	23. PART I. Enter the diseases, or shock, or heart fellure.	complications that cause on	ed the deeth. Do eech line.	not enter the	mode of dying, so	ich as cardlec or reepira	itory erreet,	Approximate Interval Between
	IMMEDIATE CAUSE (Finel disease or condition							Onset and Death
	reaulting in death)		dial Infarc	-				9 days
_		DOE TO (ON A	S A CONSEQUENCE	orj.				
CERTIFICATION	Sequentially flat conditions, if any, leading to immediate	DUE TO (OR A	A CONSEQUENCE	OF):				
CA	cause. Enter UNDERLYING CAUSE (Disease or Injury	c						
TIF	that initiated events reaulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE	OF):				
CEF		d						
AL	PART II. Other algnificant condition	ne contributing to deeth	but not resulting	In the underly	ring cause given i	n Part I. 24a, WAS AN A		b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO
PHYSICIAN: MEDIC						1 TES 2		COMPLETION DF CAUSE OF DEATH?
M						_		1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL				DI 100 00 00 00 100			
S	EXAMINER? 1 YES 2 NO	HOSPITAL:	admethent 2 17 DOS	OTHER:	PLACE OF DEATN			
НХ	27. MANNER OF DEATN	28a. DATE OF INJUR	Y 28b. TI	ME OF 28c.	INJURY AT	6 ☐ Other (Specify) 26d. DEŞCRIBE NOW IN.	URY OCCURED	
ВУ Р	1 Netural 5 Pending	(Month, Day, Year) 14	M 1 [WORK? YES 2 NO			
- 1	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJU building, atc. (S	RY — At home, farm, pecify)	, street, factory, o	ffice	26f. LOCATION (Street and City or Town, State)	d Number or Rural	Route Number,
COMPLETED						ue to the cause(a) and mann na time, date and placa, and		(a) end menner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIE		465		29c, LICENSE N	UMBER	29d. DATE SIGNE	O (Month, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CAUSE OF	DEATH (ITEM 27) (Typ	e, Print)			1-1	
	Arvind Nirula, N	M.D., 10 North	Greene	Street, I	Baltimore,	MD 21201		
	31. DATE FILED (Month, Day, Year) JUN 13 1994	July a hurch	cor Carlally					

	1. DECEDENT'S NAME (First, M.	Helette I makk		CERTIFIC	CATE OF	DEATH	REG.		
	GLADVS		DAI	LGHA	DAY		2. DATE OF DEAT	DAY	YEAR 3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER			BE (In yrs. last birthday)	IF UNDER YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	1	BIRTHPLACE (State or Foreign
	217-03-3280	1 🗆	M 2 🔀 F	79 YRS.	MONTHS DAYS	HOURS MIN.	12/16/14	7	Maryland
~	9e. FACILITY NAME (If not instit		d number)			OR LOCATION OF DE	EATH	9c. COUNT	Y OF DEATH
012	St. Agnes Ho	Spital DENT			Balt	imore			
DIRECTOR		Ob. COUNTY			TOWN OR LOCAL	TION			10d. INSIDE CITY LIMITS?
	MD B	Baltimore	=	Arbu		, ZIP CODE	- 12	10o. CITIZE	1 TYES 2 X NO
FUNERAL	5407 Highvie	w Road				21227		U.S.	
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Ma 3 Widowed 4 Divorce	arried FC	AS DECEDENT EVE ORCES? 1 YE YES, GIVE WAR OF	ES 2 NO	It yes, sp		NIC ORIGIN? (Specifi in, Puerto Rican, etc. y:		4. RACE — American Indian, Black, White, etc. Specify: White
ETED		ENT'S EDUCATION		16a. DECEDENT'S U	ISUAL OCCUPATION done during mo	ON ast of working	16b. KIND OF	BUSINESS/INDU	
	Elementary/Secondary (0-12	2) Colle	ege (1-4 or 5+)	life. Do NOT use	retired.)		Cold	=	
COMPL	17. FATHER'S NAME (First, Midd	fle, Last)		Homemake	ET.	18. MOTHER'S NA	Self		
ш	Walter Van S	kiver				Bertie	Thompson	n	
TO B	190. INFORMANT'S NAME (Type						Ploute Number, City or		
	Mrs. Linda M	N	11100 11	1238 J			Arbutus,	Marylar	
	1 ☐ Buriel 2 ☐ Cremetion 4 ☐ Donetion 5 ☐ Other (Sp			emetery cremetory or other	k Cemet	ery	6/15 Ba	altimore	e, Maryland
	21. SIGNATURE OF FUNERAL S	SERVICE LIGHNEE	6) (al Home, Inc
	0	£ 16	5	e S	1328	sulphur :	Spring Ro	a., Arbu	itus, MD 2122
	disease or condition resulting in death)	8	DUE TO (OR A	S A CONSEQUENCE OF					
RTIFI	Sequentially list condition if any, leading to immedia cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in death) LAST	nta G	OUE TO (OR A	S A CONSEQUENCE OF	ne	esq of	Meyn	٤	
AL CERTIFICATION	If any, leading to immedia cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	ata G c	DUE TO (OR A	S A CONSEQUENCE OF	ne		Pert i. 24a. WA	S AN AUTOPSY	
MEDICAL CERTIFI	if any, leading to immedia cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	ata G c	DUE TO (OR A DUE TO (OR A tributing to death	S A CONSEQUENCE OF	ne	g ceuse given in	Pert i. 24a. WA		AVAILABLE PRIOR TO
MEDICAL CERTIFI	if any, leading to immedia cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algolificant When the cause of the	c	DUE TO (OR A DUE TO (OR A tributing to death	S A CONSEQUENCE OF) S A CONSEQUENCE OF) h but not resulting in	the underlyin	g ceuse given in	Pert i. 24a. WA. PEI	S AN AUTOPSY RFORMED?	COMPLETION OF CAUS OF DEATH?
MEDICAL CERTIFI	If any, leading to immedia cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST PART II. Other algolificant PART II. Other algolificant PART II. Other algolificant PART II. Other algolificant PART II. Other algolificant PART II. Other algolificant PART II. Other algolificant PART II. Other algolificant PART II. Other algolificant PART II. Other algolificant PART II. Other algolificant	conditions conf	DUE TO (OR A DUE TO (OR A tributing to death	S A CONSEQUENCE OF) The but not resulting in	the underlyin 26. Pl OTHER: 4 Nursing Hon	g ceuse given in	Pert i. 24a. WAL PEr 1 YE	S AN AUTOPSY FORMED?	AWAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL CERTIFI	If any, leading to immedia cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events reaulting in death) LAST PART II. Other algnificant PART II. Other algnificant PART II. Other algnificant PART II. Other algnificant PART II. Other algnificant PART II. Other algnificant PART II. Other algnificant PART II. Other algnificant II. VES 2 NO 27. MANNER OF DEATH Natural 5 Per Inv	d	DUE TO (OR A DUE TO (OR A tributing to deati	S A CONSEQUENCE OF) S A CONSEQUENCE OF) The but not resulting in Dutpetient 3 □ DOA The but not resulting in Dutpetient 3 □ DOA The but not resulting in Dutpetient 3 □ DOA	the underlyin 26. Pi OTHER: 4 Nursing Hon OF 28c. W. W. M 1	g ceuse given in	Pert i. 24a. WAN PER 1 YE seck only one) 6 Other (Specify) 28d, DESCRIBE HI	S AN AUTOPSY RFORMED? S 2 NO	AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL CERTIFI	If any, leading to immedia cause. Enter UNDERLYINK CAUSE (Diseese or injury thet initiated events reaulting in death) LAST PART II. Other algnificant 25. WAS CASE REFERRED TO BE EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pe Accident 3 Suicide 6 Co	conditions continued in the second in the se	DUE TO (OR A DUE TO (OR A tributing to deati	S A CONSEQUENCE OF) S A CONSEQUENCE OF) The but not resulting in Dutpstlent 3 DOA ATY 28b. TIME INJU JRY — At home, farm, st	the underlyin 26. Pi OTHER: 4 Nursing Hon OF 28c. W. W. M 1	g ceuse given in	Pert i. 24a. WAN PER 1 YE seck only one) 6 Other (Specify) 28d, DESCRIBE HI	S AN AUTOPSY RFORMED? S 2 NO OW INJURY OCCU	AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 VES 2 NO
BY PHYSICIAN: MEDICAL CERTIFI	if any, leading to immedia cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algolificant PART II. Other algolificant 25. WAS CASE REFERRED TO BEXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Period Accident 3 Suicide 6 Code 29e. CERTIFIER (Check only)	d	DUE TO (OR A DUE TO (OR A CITIBUTING TO (OR A CITIBUTING TO (OR A) CITIBUTING TO (OR	S A CONSEQUENCE OF) S A CONSEQUENCE OF) The but not resulting in but not resulting in	the underlyin 26. Pl THER: 4 Nursing Hon OF 28c. Wk 1 The lime, date	g ceuse given in	Pert i. 24a. WAR PEF 1 YE 1 YE 24a. WAR PEF 25. Chip or Town, S 25. LOCATION (St. City or Town, S	S AN AUTOPSY AFORMED? IS 2 NO OW INJURY OCCU reet end Number of State)	AWAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO WRED
E COMPLETED BY PHYSICIAN: MEDICAL CERTIFI	If any, leading to immedial cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST PART II. Other algnificant PART II. Other al	medical Hose medical medical medical Hose me	DUE TO (OR A DUE TO (OR A Ctributing to death Tributing to death EPITAL: Inpatient 2 ER/O Rec. (S Rec. (S) To the best of my kn The best of examina	S A CONSEQUENCE OF) S A CONSEQUENCE OF) The but not resulting in but not resulting in	the underlyin 26. Pl THER: 4 Nursing Hon OF 28c. Wk 1 The lime, date	g ceuse given in	Pert i. 24a. WAPER PER 1 VE 1 VE 1 VE 1 VE 1 VE 1 VE 1 VE 1	S AN AUTOPSY NFORMED? S 2 NO DW INJURY OCCU reet end Number of State)	AWAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO WRED F Bural Route Number,
COMPLETED BY PHYSICIAN: MEDICAL CERTIFI	If any, leading to immedia cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST PART II. Other algnificant PART II. Other algnificant 25. WAS CASE REFERRED TO INTERPRET IN THE PROPERTY IN THE	medical Has senting and not be termined by the EXAMINER: On the F CERTIFIER	DUE TO (OR A DUE TO (OR A Ciributing to death Ciributing to death Ciributing to death Ciributing to death Ciributing to death Ciributing to death Ciributing to death Ciributing to death Ciributing to death Ciributing to death Ciributing to death Ciributing to death Ciributing to death Ciributing to death Ciributing to death Ciributing to death Ciributing to death	S A CONSEQUENCE OF) S A CONSEQUENCE OF) In but not resulting in but not resulting in but not resulting in but not resulting in but not resulting in but not resulting in but not resulting in but not resulting in but not resulting in but not resulting in but not resulting in but not resulting in but not resulting in	26. Pl OTHER: 4 Nursing Hon OF 28c. WW 1 1 reet, tectory, office d at the time, date	g ceuse given in LACE OF DEATH (Ch the 5 Residence IURY AT ORK? YES 2 NO te tenth occurred at the 29c. LICENSE NU	Pert i. 24a. WAPER PER 1 YE 1 YE 1 YE 24b. Deschorly one) 28d. DESCRIBE HI 28t. LOCATION (St. City or Town, S. 25t. to the cause(s) end of time, date end place MBER	S AN AUTOPSY AFORMED? IS 2 NO OW INJURY OCCU reet end Number of State) I menner es stated e, end due to the	AWAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO WRED FRural Route Number,
BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFI	If any, leading to immedial cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST PART II. Other algnificant PART II. Other al	medical Hospital Presson who com	DUE TO (OR A DUE TO (OR A Ciributing to death Ciributing to death Ciributing to death Ciributing to death Ciributing to death Ciributing to death Ciributing to death Ciributing to death Ciributing to death Ciributing to death Ciributing to death Ciributing to death Ciributing to death Ciributing to death Ciributing to death Ciributing to death Ciributing to death	S A CONSEQUENCE OF) S A CONSEQUENCE OF) In but not resulting in but not resulting in but not resulting in but not resulting in but not resulting in but not resulting in but not resulting in but not resulting in but not resulting in but not resulting in but not resulting in but not resulting in but not resulting in	the underlyin 26. Pi OF Lack WY M 1 reel, tectory, offic d, in my opinion, o	g ceuse given in LACE OF DEATH (Ch. TO S Residence URRY AT PKY YES 2 NO To and place, end due leath occured at the 29c. LICENSE NU Ch. Ch. Ch. Ch. Ch. Ch. Ch. Ch. Ch. Ch. Ch. Ch. Ch. Ch. Ch.	Pert i. 24a. WAPER PER 1 VE 1 VE 1 VE 1 VE 1 VE 1 VE 1 VE 1	S AN AUTOPSY AFORMED? S 2 NO OW INJURY OCCU reet end Number or State) I menner es stated e, end due to the	AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO PRED Rural Route Number, 1. ceuse(a) end menner as state. SIGNED (Month, Day, Year)
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1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO.

1. DECEDENT'S NAME (First, Middle, Last)
FRank A. DILEONARDI

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO.

2. DATE OF DEATH MONTH DAY June 10, 1994

		1. DECEDENT'S NAME (First) FRank A		OMADDI						2. DATE OF D	DAY	YEAR	3. TIME OF DEATH
		4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In yrs. les	t birthday)	F UNDER 1 YI	AR IF I	UNDER 24 HRS.	June	10, 1		5:45 A M
pin		219 16 87	57	1 M 2 🗆 F	68	YRS.	ONTHS D	WS HOU	URS MIN.	7. DATE OF B	1001		HPLACE (State or Foreign
2, 3 should	ECTOR	9a. FACILITY NAME (II not in	Square		al	9	Ro	SSVI	CATION OF DE	EATH		county of a Baltin	
Jes 1,	EC	RESIDENCE OF DEC	10b. COUNT	Y		10c. CITY, 1	TOWN OR L	OCATION		-			10d, INSIDE CITY
- Pag	DIR	Maryland	1	Baltimor	e		E	ssex					LIMITS?
perm	3AL	10e. STREET AND NUMBER						10f. ZIP			10g.		WHAT COUNTRY?
ian. transit	FUNERAL	1208 Windsai	11 Rd.	Apt. B					21221			US	
ing physician. the burial-transit permit. Pages 1, 2,	B	1 Never Married 2 3 Widowed 4 Divo		FORCES? IF YES, GIVE	NT EVER IN U.S. AR 1 PYES 2 DI WAR OR SATES	MED IO	It ye	s, specify	Cuban, Maxica NO Specifi	NIC ORIGIN? (Sp in, Puerto Ricen y:	ecify Yes or No , etc.)	9 14. RAC Blec Spec	E — American Indian, ik, White atc. white
attending se as the	ED	15. DEC (Specify only	EDENT'S EDU	CATION completed)	18a. DE	CEDENT'S US	SUAL OCCU	PATION of I	working	16b. KIN	D OF BUSINES	S/INDUSTRY	
hospital or att lached for use	COMPLET	Elementary/Secondary (0		College (1-4 or 5	life	Do NOT use r	ber	y most or v	working		Barbe	r Sho	p
by the	BE CO!	17. FATHER'S NAME (Flist, M Anthor	ny Di	Leonardi				18.	MOTHER'S NA Gra	ME (First, Middle CE	e, Maiden Surna	me)	
y be retained bage 5 should be notified	5	Darlene Dile	eonard:		19	1627	Will	iams	Ave.	Route Number, C. Balto	ity or Town, Stat	21221	
Page 6 may all director, pa		20e, METHOD OF DISPOSIT 1 Buriel 2 Cremetic	(Specify)		20b. PLACE of cernetery, cre	natory or other	Ce me	tery			20c. LOCATIO	imore	
death. funera		21. SIGNATURE OF FUNCKA	L SERVICE CO	Den Co						uneral Ava. B			. 21221
ours after d in by the or remova	1	23. PART I. Enter the d	selles, or	compilcations th	at caused the de	ath. Do not	entar the	mode of	f dying, suc	h es cardiec	or respirator	y arrest,	Approximete
filled intion, or the me	1	IMMEDIATE CAUSE (Fir disease or condition reaulting in death)		Cist only one ce	Sepsi								Onset and Death
executed within and completely o burial, crema matic event,		Tooling in oodin,		DUE TO	OR AS A CONSE		1 4						
e be executed sician and com- nior to burial, traumatic ev	NO	Sequentially list conditions of the sequential sequenti		b. DUE TO	O WE	DUENCE OF):	bst	ruct	tion				
	CAT	cause. Enter UNDERLY!	ING	c	Previo	us	Su	vye	17				
n certificate nding physi Hygiene pn	CERTIFICATION	thet initiated events resulting in death) LAS		OUE TO	(OR AS A CONSEC	OLINCE OF J.		0					
# 5 TO	CER			d	Ca 0	6		aes				-	
1 20 1	ÄL	PART II. Other aignifice				esuiting in	the under	iying cau	use givan in	Part I, 24s.	WAS AN AUTO		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
uires that signed by Health an	MEDICAL		reno	al ta	ilure					10	YES 2 N	0	OF DEATH?
sh of	-	·										i	1 YES 2 NO
4: The law required has been state Dept. of his been state Dept. of his been sales.	IAN	25. WAS CASE REFERRED TO	O MEDICAL					8. PLACE	OF DEATH (Ch	eck only one)			
SICIAN: The certificate the State , or Item	PHYSICIAN:	EXAMINER?		HOSPITAL:	☐ ER/Outpatient 3		THER:	Home 5	Residence	8 Other (Spe	ecify)		
this with	ВУ РН		Pending Investigation	28a. DATE O (Month,	F INJURY Day, Year)	28b. TIME C INJUR	Y	WORK?		28d. DESCRIB	E HOW INJURY	OCCURED	
DR ATTENDING I DIRECTOR: After hours after death		3 Suicide 8	Could not be determined	28a. PLACE building	OF INJURY — At ho , etc. (Specify)	me, ferm, stre	et, tactory,	offica		281. LOCATION City or Tox	N (Street and Nu vn, State)	mber or Rural	Route Number,
TAL DR A AL DIREC 72 hours 11 Item	COMPLET	anal			if my knowledge, de								
HOSPITAL FUNERAL WITHIN 72	S	2 MEDI			examination and/or	nvestigation,	in my opini	on, death o	occured at the	time, deta and	pleca, and dua	to the cause(a) and manner as stated,
TO THE HOSPITAL TO THE FUNERAL DE filed within 72 t IMPORTANT: If I	TO BE (29b. SIGNATURE AND TITLE	na	Acro	h Val	e M	1	29c.	D34	737	29d.	DATE SIGNE	O (Month, Day, Year)
1XX	<u></u>	30. NAME AND ADDRESS OF	. Vel	0	SE OF DEATH (ITE		ini) fore	e 1.	21.				
1,	1	31. DATE FILED (Month, Day,	3 1994	Julia	Deviden A	indette							

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DIVISION OF VITAL RECORDS, P.O. BOX 6876

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 12 hours after death with the State Dept. of Health and Mental Hygher prior burial, cremation, or removal.

IMPORTANT: If then 28 is marked, or item 23 shows any injury, or other traumatic event, the madical examiner must be marked.

FOR STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIF	CATE OF DE	ATH	RE	EG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF D	EATH DAY	- 112.7	3. TIME OF DEATH
ANNIE	BLANCE	AE I	DAMDSON	6	монтн	10	YEAR Q U	5.10 A
4. SOCIAL SECURITY NUMBER		(In yrs. lest birthday)		DER 24 HRS.	7. DATE OF BI (Month, Day)	IRTH	a. BIRT	IPLACE (State or Foreign
245-38-9050	1 □ M 2 🛣 F 6	3 YRS.	MONTHS DAYS HOUR	B MIN,	Oct.16	,1930	NORT	H CAROLINA
9a. FACILITY NAME (If not institution, give str	reet and number)		96. CITY, TOWN OR LOC	ATION OF DE	EATH	9c. (COUNTY OF	PEATH
ST. AGNES HOSPI	TAL		BALTIMOR	RE				
ST. AGNES HOSPI RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY MARYLAND		I 10 . 000						
MADAT AND		10c. C111	, TOWN OR LOCATION	10				10d. INSIDE CITY LIMITS?
	BALTIMORE		ARBUTI					1 TYES 2 NO
	-		10f. ZIP C		.07	10g.		WHAT COUNTRY?
1198 LINDEN AVENU				212				S.A.
	12. WAS DECEDENT EVER I FORCES? 1 YES	2 X NO	13. WAS DECENDEN	uban, Mexica	n. Puerto Rican.	ecify Yea or No , atc.)	- 14. RAC Blec	E — American Indian, k, Whita, atc.
3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	ATES	1 🗆 YES 2 💢 I	NO Specify	y:		Spec	WHITE
15. DECEDENT'S EDUC		16a. DECEDENT'S	USUAL OCCUPATION		185 KINI	OF BUSINESS	/INDUSTRY	***************************************
(Specify only highest grade of Elamantary/Secondary (0-12)		(Give kind of w	ork done during most of we	orking	Too. rate	OF BOSINESS	MINDOSTAT	
Elamantary/Secondary (0-12) H/S GRAD 17. FATHER'S NAME (First, Middle, Last)	College (1-4 or 5+)	SEAM	STRESS		SE	LF-EMP	LOYED	
17. FATHER'S NAME (First, Middle, Last)			18. M	OTHER'S NA	ME (First, Middle	Maiden Surnan	nel	
SCOTT DOSTER				SABELL		KNOWN	,	
10a INFORMANT'S NAME (Topo/Print)		19b, MAJLING	ADDRESS (Street and Num	aber or Rural F	Route Number Cl	lty or Town State	Zin Code)	
MR. FRANK J. DAVI	DSON		98 LINDEN A					1227
20a. METHOD OF DISPOSITION	201	D. PLACE AND DATE O	F DISPOSITION (Name of		OATE	20c. LOCATION	- City or Ti	wn State
1X Burial 2 Cremation 3 Remo	oval from State cer	ODLAWN C	her place)		6/13		IMORE	
21. SIGNATURE OF FUNERAL SERVICE LIC		ODLAWN C	22. NAME AND ADD	RESS OF FA		DALI	LHOKE	
6 . 6	Ma	ma	HUBBARD I	FUNERA	AL HOME	INC.		
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	1.4	A CONSEQUENCE OF	ain D	anaj	ge			15 da
PART II. Other significant conditions		out not resulting i	n the underlying caus	e givan in		WAS AN AUTOF PERFORMED? YES 2 1		WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PLACE O	F DEATH (Ch	eck only one)			
1 VES 2 NO	HOSPITAL: 1 ☑ Inpetient 2 ☐ ER/Out	petient 3 🗆 DOA	OTHER: 4 Nursing Home 5	Residence	6 Other (Spe	ocify)		
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Yes 2 NO 27. MANNER OF DEATH	26a. DATE OF INJURY (Month, Day, Year)	28b. TIMI			26d. DESCRIB	E HOW INJURY	OCCUREO	
1 Natural 5 Pending 2 Accident Investigation			M 1 TYES	2 🗆 NO				
0 0 1-1-1-1	28a. PLACE OF INJURY building, etc. (Spe	(— At home, farm, e cify)	treet, factory, office		281. LOCATION City or Tow	N (Street and Nur vn, State)	mber or Rural	Route Number,
	CIAN: To the best of my know							a) and manner as stated
			29c. I	JCENSE NUN	MBER	29d.	DATE SIGNED	(Month, Day, Year)
								finding say, roury
	MD		21	CSIDE	2 TU	AH	6/10	19.
30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	EATH (ITEM 27) (Type,	Print)	CS100	NT S	AH	6/1	0/94

		1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND N CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.									
	8	1. DECEDENT'S NAME (First, Middle, Last) ELSSE DIS	2. DATE OF DEATH DAY	3. TIME OF DEATH.								
2	12	4. SOCIAL SECURITY NUMBER 246-26-9329 5. SEX 1 M 2 T F	7. DATE OF BIRTH	5 Suntry Carolina								
2, 3 should	стоя	9a. FACILITY NAME (If not institution, give street and number) Liberty Medical Center Baltimore Be. COUNTY OF DEATH Baltimore										
permit. Pages 1,	DIREC	10c. CITY, TOWN OR LOCATION MD. Baltimore		10d. INSIDE CITY LIMITS? \$435 YES 2 □ NO								
75	FUNERAL	100. STREET AND NUMBER 1847 W. North Avenue 101. ZIP CODE 21217		10g. CITIZEN OF WHAT COUNTRY? U.S.								
215-0020 attending physician. se as the burial-transit	BY	11. MARITAL STATUS 1 Never Married 2 Married 1 Never Married 2 Married 1 Never Married 3 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO If YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANI If yes, specify Cuban, Maxican 1 YES 2 NO Specify:	, Puerto Rican, atc.)									
-AND 21215 the hospital or attend detached for use as once.	COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elamentary/Secondary (0-12) 10th 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Housekeeper	16b. KIND OF BUSIN	IESS/INDUSTRY								
ज दिन	BE CO	Herman Jackson Elean	ME (First, Middle, Maiden Su Nor Dial	mame)								
E, MARY by be retained by page 5 should by	101	Ella C. Warfield- Mack 1847 W. North Ave.	Balto.,N	MD. 21217								
HOR e 6 me rector,		20s. METHOD OF DISPOSITION 1 Strict Structure of Cremetion 3 Removal from State 4 Donation 5 Other (Specify) 20s. PLACE AND DATE OF DISPOSITION (Name of cemetery, cremetory or other piece) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE	6/94 Bal	ATION — City or Town, Stata Lto., MD.								
3AL r death. ne funer al.		21. SIGNATURE OF FUNERAL SERVICE LICENSEE CFSP281 CFSP281 E.L.Phillip	172	1-27 N.Monroe ST.								
Sd with ours after ompletely filled in by the cremation, or removal event, the medical		23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such abook, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a	as cardiac or reapira	itory arreat, Approximata interval Between Onset and Death								
DX 6876 be executed clan and corr ior to burial, raumatic ex	CATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): RESPITORY FILLIPE										
P.O. B th certificate anding physical Hygiene p or other	CERTIFIC	CAUSE (Disease or Injury that Initiated events resulting In death) LAST d. HCNTE PShcreatt	2									
E Sa to	EDICAL C	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in F	PERFORM	ED? AVAILABLE PRIOR TO COMPLETION OF CAUSE								
HEC requires been sign t. of Heal	Σ	cardio-pulmonary arrest	1 YES 2	OF DEATH?								
VIIAL JAN: The law rifficate has b he State Dept. or item 23	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO										
DING PHYSICI After this cert death with the	ву РНУ	27. MANNER OF DEATH 1 Natural 5 Pending (Month, Day, Year) 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY WORK? 1 YES 2 NO	28d. DESCRIBE HOW INJ	URY OCCURED								
TTENDII TTOR: A after de	ETED	3 Sulcide 8 Could not be determined 28a. PLACE OF INJURY — At home, tarm, street, factory, offica building, atc. (Specify)	28t. LOCATION (Street and City or Town, State)	d Number or Rural Route Number,								
4 7 7 7	COMPL	29s. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the death occurred at the time, date and place, and due to the death occurred at the time.										
TO THE HOSPITE TO THE FUNERAL DE filed within 7 IMPORTANT: 1	TO BE	296. SIGNATURE AND TITLE OF SERVICES THEN AIMS PHYSICA 29c. LICENSE NUM 29c. LICENSE NUM 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	3015	29d. DATE SIGNED (Month, Day, Year) 6 8 9 4 ,								
		J. Ohiolepeksi, mo 2600 Liberty He 31. DATE FILED (Morth, Day, Your) 32. EGISTRAPS SIGNATURE	its Ave B	Alt, mo 21215								
		JUN 1 3 1994 Julie Deviden Andree		DHMH-16 Rev 1/89								

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DIVISION OF VITAL RECORDS, P.O. BOX 68760	HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in	within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or ri
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ON OF VITAL RECORDS, P.O. BOX 88760
DING PHYSICIAN: The law requires that the death certificate be executed with nours after death. Page 6 may be retained by the hospital or attending physician.
After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.
s marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

94 17270. STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH FRANCES VICTORIA DEAN JUNE 7, T994 3:45 P 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 218-36-6265 1 - M 2 X F 52 YRS. 12-02-1941 Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR THE JOHNS HOPKINS HOSPITAL BALTIMORE CITY 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY Harford Joppa 1 YES 2 XX Maruland FUNERAL 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1006 Beall Drive 21085 United States 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, afc. 1 Never Married 2 X Married If yea, specify Cuban, Maxican, Puarto Rican, etc.) 1 TYES 2 NO Specify: BY 3 Widowed 4 Divorced Specify: White COMPLETED 15. DECEDENT'S EDUCATION ecify only highest grade complet 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INOUSTRY (Specify or Elementery/Secondary (0-12) College (1-4 or 5+) 12th Grade Secretaru Army Map Service 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Francis Moore BE Victoria Jung 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Homer F. 1006 Beall Drive Joppa, Maryland Dean 20a. METHOD OF DISPOSITION
1 Burial 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION -- City or Town, State DATE Lawn Cemetery Oak 6/10/94 4 ☐ Donation 5 ☐ Ather (Specify) Baltimore. MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 12. NAME AND ADDRESS OF FACILITY
Duda-Ruck Funeral Home of Dundalk, Inc. 7922 Wise Ave. Dundalk, MD 21222 23. PART I. Enter the diseases of complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or reepiratory arrest, Approximete ahock .e. feart fallure. List only ona cause on sech lina. Interval Between IMMEDIATE CAUSE (Finel Onset and Death disease or condition DUE TO (OR AS A CONSEQUENCE OF): resulting in death) To CERTIFICATION Sequentially list conditions, If any, leading to immadiate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): CAUSE (Disease or Injury that initieted events resulting in death) LAST PART II. Other aignificent conditione contributing to deeth but not recuiting in the underlying ceuse given in Part i. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO DF DEATH? 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF OEATH (Check only one) HOSPITAL: **EXAMINER?** OTHER: 1 YES 2 NO Inputiant 2 - ER/Outpatient 3 - DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED Natural 5 Pending М 1 YES 2 NO ВУ Accident Investigation 3 Suicide 28a. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be determined COMPLETED 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the beat of my kno ledge, death occurred at the time, data and piece, end due to the cause(s) and menner as stated. MEDICAL EXAMINER: On the ba nvestigation, in my opinion, death occured at the time, data and place, end due to the ceuse(e) end manner ee stated. 296, SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE

ESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. BEGINTRAND SIGNATURE

SHUNNAR

28 item

TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: IS

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3530

H, 600 N WOLFE ST., BALTIMORE, MD. 21287

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Flours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	TMENT (OF HE	ALTH AND	MENTAL	HYGIEN REG. NO		
	1. DECEDENT'S NAME (First, Middle, Last)							JUNE 9, 1994		3. TIME OF DEATH
	CAROLY						JUNE	9,	1994	2:05 A
	4. SOCIAL SECURITY NUMBER 218-22-4869	1 □ M 2 🔀 F 6	in yrs. last birthday) YRS.		DAYS H	IF UNDER 24 HRS.	DEC	Dey Year)	1004	BIRTHPLACE (State or Foreign Country) Aryland
DIRECTOR	90. FACILITY NAME (If not institution, give s CHURCH HOME RESIDENCE OF DECEDENT		AL			TIMORE		Ϋ́	9c. COUNTY	
360	10e. STATE 10b. COUNTY	Y	10c, CIT	Y, TOWN OR	LOCATION	N .				10d. INSIDE CITY
	MD 100, STREET AND NUMBER	N/A	Ba	altimo	-					1 X YES 2 NO
ERA	1854 E. Fayette S	Street			1	1231				OF WHAT COUNTRY?
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	H y		DENT OF HISPAI fy Cuben, Mexico	en, Puerlo R			RACE — American Indian, Black, White, etc. Specify:
ED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16e. DECEDENT'S	work done dun	UPATION ing most o	of working	16b.	KIND OF BU	SINESS/INDUST	Black
APLET	Elementary/Secondery (0-12) 10th	College (1-4 or 5+) N/A	Dome	estic				N/A	A	
E COMPL	17. FATHER'S NAME (First, Middle, Last) Frank Winston Golde					ME (First, M		Surname)	,	
TO BI	19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)						-/			
-	Willard Elsey	100			-					nd 21231
	20s_METHOD OF DISPOSITION 1		PLACE AND DATE			ETERY	DATE		ALTIMO	ORE , MD
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY March F.H. East 1101 E. North Ave./Baltimore, MD 21202									
ERTIFICATION	immEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
AN: MEDICAL CER	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY PAVAILABLE PRIDE TO COMPLETION OF CAUSE OF DEATH YES NO YES 2 YES 2 NO YES 2									
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	26. PLAC	E OF DEATH (Ch	eck only one)		
PHY	1 X XES 2 NO 27. MANNER OF DEATH 1 X Natural 5 Pending	1 Inpatient 2 XER/Outp 28e. DATE OF thJURY (Month, Day, Year)	28b. TIM	E OF 26 URY	ic. INJURY WORK	?			NJURY OCCURE	ED
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, atc. (Spec	— At home, ferm,	120		2 NO		TION (Street of Town, State)		tural Route Number,
COMPLET		CIAN: To the best of my know								use(e) end menner ee stated
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER	King, rest)		29	9c. LICENSE NUI OCM				SNED (Month, Day, Year)
,-	Theodore King	1.D. 11	ll Penn	Stre	eet,	Balt	imor	e, Ma	arylan	nd 21201
	JUN 1 3 1994	32. REGISTRATES SIGN	AALL							

3. TIME OF DEATH 10:25 pm

DHMH-16 Rev 1/89

2. DATE OF DEATH

9, 1994 June 4. SOCIAL SECURITY NUMBER 5. SEX 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. Aug. 26 82 213 09 3740 HOURS Maryland 1 X M 2 - F 1911 Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR CECIL ELKTON Union Hospital 10e. STATE 10b, COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? 1 YES Y NO Maryland Gecil Rising Sun permit. FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1732 Theodore Rd. 21911 USA 11 MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 100 IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE - American Indian, Black, White, atc. 1 Never Married 2 Merried Specify: White 1 TES 2 NO Specify B 3 Widowed 4 Divorced 16e. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) College (1-4 or 5+) Elementary/Segondary (0-12) Crane Operator Steel Mill 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surneme) Carmello Lagattute Emilie Vise BE notified 190, INFORMANT'S NAME (Type/Print)
Sophie Ekr. Wife 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Stete, Zip Code)
1732 Theodore Rd. Rising Sun, MD 21911 2 pe 20c. LOCATION — City or Town, State 20e. METHOD OF DISPOSITION

Burlel 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of Certifications) The mornial Gardens must Bel Air, MD 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY Bruzdzinski Funeral Home PA 1407 Eastern Ave. Baltimore, MD 21227 the attending physician and completely filled in by the it Mental Hygiene prior to bunial, cremation, or removal, medical a, or complications that caused the deeth. Do not enter the mode of dying, auch as cerdiec or reepiratory arrest, shock, or heart fellure. List only Interval Between **Onset and Deeth** IMMEDIATE CAUSE (Fine) the disease or condition GI BLEED resulting in death) traumatic event, DUE TO (OR AS A CONSEQUENCE OF): Respinstory for live CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): If any, leeding to immediate Cause Enter UNDERLYING OLD CURIMI **CAUSE** (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): thet initieted events resulting in deeth) LAST Demen on A 0 PART II. Other significent conditione contributing to death but not resulting in the underlying ceuse given in Part I. PHYSICIAN: MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS n signed by the Health and N AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? PERFORMED? 1 TES 2 XNO 1 YES 2 NO t, of H has b 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) certificate h the State i, or item HOSPITAL: OTHER: 1 YES 2 XNO 1 K Inpatient 2 ER/Outpetient 3 DOA 4 ☐ Nursing Home 5 ☐ Reeldence 6 ☐ Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? this c 26d, DESCRIBE HOW INJURY OCCURED marked, 5 Pending 1 YES 2 NO BY After death Investigation 2 Accident 3 Suicide 28a. PLACE OF INJURY — At home, term, street, factory, offica building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28 is DIRECTOR: / COMPLETED 6 Could not be 4 Homicide 29e. CERTIFIER 1 🔀 CERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the time, date end place, and due to the cause(e) end manner as ateted. HOSPITAL FUNERAL (within 72 h TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(e) and manner as stated. 29b. SIGNATURE AND TITZE OF CONTERE 29d. DATE SIGNED (Month, Day, Your) BE 323 95 6-10-90 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print, hin 31. DATE FILED (Month, Day, Year) JUN 3 1994

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

FOR STATE USED FOR REGISTRAR FMIL JOSEPH EKR

Joseph

1. DECEDENT'S NAME (First, Middle, Last)

EMIL

Trace District Marie

2 0111 10 12

auto a Paren

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DE PERSONAL PROPERTY NO.

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rouselmaki Furmord home i-

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Solution and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be discount with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notitled at once.
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	1 - STATE REGISTRAR			ENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIEI		
	1. DECEDENT'S NAME (First, Middle, Last)			01 04.1111	2, DATE OF OBATH	<i>.</i>	3. TIME OF DEATH
	GWENEVERT.	Ferwick			MONTH	YEAR OLD	8:45 P
			. lest birthday) #	UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH		RTHPLACE (State or Foreign
	220-78-9980 9a. FACILITY NAME (If not institution, give stree	10 M 2 1 33	YRS. MON		(Month, Day, Year) 12-13-	1960 00	mp.
œ		TOTAL STREET		CITY, TOWN OR LOCATION OF D	PEATH	9c. COUNTY O	OF OEATH
DIRECTOR	1334 MYRTLE	AVE	217	BAU.			
E	10a, STATE 10b, COUNTY		10c. CITY, TO	WN OR LOCATION			10d. INSIDE CITY
	mo.	PAGE 1	1 7	BALT			1 D TES 2 NO
M	10s. STREET AND NUMBER			101. ZIP CODE			OF WHAT COUNTRY?
FUNERAL	1334 MYRTLE	AVE		2/2	17	USI	4
5	11. MARITAL STATUS 1	12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2		13. WAS OECENDENT OF HISPA If yes, specify Cuban, Mexic	NIC ORIGIN? (Specify Years Prents Bloom etc.)	s or No- 14. R	IACE — American Indian, Hack, White, etc.
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES		1 TES 2 THO Spec			pocity: BLACK
	15. DECEDENT'S EDUCAT	TION 16a.	. DECEDENT'S USU	AL OCCUPATION	16h KIND OF BI	JSINESS/INDUSTR	
COMPLETED	(Specify only highest grade co	mpleted) Coflege (1-4 or 5+)	(Give kind of work of life. Do NOT use reti	done during most of working red.)	TOU. AIND OF BU	/SINESS/INDOS/IN	T .
립	(2)	2	INEMP	LoyEd			
<u>Ş</u>	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S N.	AME (First, Middle, Maide	n Surname)	
BE	KODERT L. BR	ANCH		GENE	VIENE		FENWICK
6 6	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADD	RESS (Street and Number or Rural	Route Number, City or To		
F	GENEVIENE	TENWICK	3207	EMLEY AL	E BALT	mp.	21213
	20s. METHOD OF DISPOSITION 1 Douriel 2 Cremation 3 Remove	20b. PLA	CE AND DATE OF DIS	SPOSITION (Name of	DATE 20c. L	OCATION - City or	r Town, State
	4 Donation 6 Other (Specify)	Connectory,	BALTI	PORE CEM 22. NAME AND ADDRESS OF FI	6/11 B	ACt.	MD.
- 1	21. SIGNATURE OF FUNERAL SERVICE LICEN	ISEE		22. NAME AND ADDRESS OF F	ACILITY		CAROLINE ST
	Paleseer 1	3. It		BETTS FU	NERAL.	HOME	21213
	23. PART i. Enter the diseases, or cor	mplications that caused the st only one cause on each i	death. Do not e	nter the mode of dying, au-	ch aa cardiac or reap	olratory arrest,	Approximate
		st only one cause on each i	iine.				interval Between
- 1	IMMEDIATE CAUSE (Final						Onset and Death
	disease or condition	CRYPTOC	OCCAT	MENING	- FILM	IACA ~	
		DUE TO (OR AS A CON	OCCAL ISEQUENCE OF):	MENINCAT	S FULM	INANT	
NO	disease or condition resulting in death)	DUE TO (OR AS A CON ACQUIRE	OCCAL ISEQUENCE OF):	MENINCATION DIFFICITION	rey SYN	UNIANT.	
ATION	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CON DUE TO (OR AS A CON	OCCAL ISEQUENCE OF): DAM ISEQUENCE OF):	MENINGATION DIFFICITION	rey SYN	DROME	
FICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	ACQUIRE DUE TO FOR AS A CON	D DMM ISEQUENCE OF):	MENINGATION DIFFICITION	ry SYN	DROYE	
RTIFICATION	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CON	D DMM ISEQUENCE OF):	MENINCATION DIFFICITION	ry SYN	WANT -	
CERTIFICATION	Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CON	SEQUENCE OF):	UNE DIFICITION	ny sym	UNAWY DROME	
AL C	Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CON	SEQUENCE OF):	UNE DIFICITION	ny sym	VAUTOPSY 2	
AL C	Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CON	SEQUENCE OF):	UNE DIFICITION	Part I. 24a. WAS AI	NAUTOPSY 2	Onset and Death Onset and Death
MEDICAL C	Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CON	SEQUENCE OF):	UNE DIFICITION	Part I. 24a. WAS AI PERFO	NAUTOPSY 2	Onset and Death 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
MEDICAL C	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CON	SEQUENCE OF):	UNE DIFICITION	Part I. 24a. WAS AI PERFO	NAUTOPSY 2	Onset and Death 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL C	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificent conditions of the cause of the	DUE TO (OR AS A CON DUE TO (OR AS A CON contributing to death but no	SEQUENCE OF): SEQUENCE OF): ot resulting in the	e underlying ceuse given in	Part I. 24a. WAS AI PERFO	NAUTOPSY 2	Onset and Death 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL C	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificent conditions of the cause of the	DUE TO (OR AS A CON DUE TO (OR AS A CON CONTributing to death but no	SEQUENCE OF): SEQUENCE OF): Ot resulting in the	e underlying ceuse given in 28. PLACE OF DEATH (C) HER: Nursing Home 5 Residence	Part I. 24a. WAS AI PERPO 1 TYPES	N AUTOPSY RMED?	Onset and Death 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
MEDICAL C	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificent conditions of the cause of the	DUE TO (OR AS A CON DUE TO (OR AS A CON contributing to death but no	SEQUENCE OF): ISEQUENCE OF): Ot resulting in the 1 3 □ DOA	28. PLACE OF DEATH (C) NER: Nursing Homa 5 Residence 28c. INJURY AT WORK?	Part I. 24a. WAS AI PERPO 1 TYPES	N AUTOPSY RMED?	Onset and Death 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificent conditions of the cause of the	DUE TO (OR AS A CON DUE TO (OR AS A CON CONTributing to death but no HOSPITAL: Inpatient 2 ER/Outpatient 28a. DATE OF INJURY (Month, Day, Year)	SEQUENCE OF): SEQUENCE OF): Ot resulting in the 1 3 □ DOA	28. PLACE OF DEATH (C) NER: Nursing Homa 5	Part I. 24a. WAS AI PERFO 1 TYPES THE CONTROL (Specify) 28d. DESCRIBE HOW	NAUTOPSY 2 RMED? 2 NO	Onset and Death 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL C	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificent conditions of the cause of the	DUE TO (OR AS A CON DUE TO (OR AS A CON Contributing to death but no HOSPITAL: Inpatient 2 ER/Outpatient	SEQUENCE OF): SEQUENCE OF): Ot resulting in the 1 3 □ DOA	28. PLACE OF DEATH (C) NER: Nursing Homa 5	Part I. 24a. WAS AI PERPO 1 TYPES	A AUTOPSY RMED? 2 NO INJURY OCCURED	Onset and Death 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL C	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificent conditions of the cause of the	DUE TO (OR AS A CON DUE TO (OR AS A CON CONTributing to death but no CONTRIBUTION TO CONTRI	SEQUENCE OF): SEQUENCE OF): Ot resulting in the t 3 □ DOA 4 □ 26b. TIME OF INJURY	28. PLACE OF DEATH (C) HER: Nursing Homa 5 Rasidenca 28. INJURY AT WORK? M 1 YES 2 NO , factory, offica	Part I. 24a. WAS AI PERFO 1 TYPES THE PERFO 1 PERFO 1 TYPES THE HOW 28d. DESCRIBE HOW 28d. DESCRIBE HOW 28d. LOCATION (Street City or Yown, State	A AUTOPSY RMED? 2 NO INJURY OCCURED	Onset and Death 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
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FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

_		1. DECEDENT'S NAME (First, Mi	iddle, Last)				2	DATE OF DEATH		3. TIME OF DEATH
		Trener	GERRACU					MONTH DAY	YEAR	2:15 PM
		4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. 7.	DATE OF BIRTH	1794	HPLACE (State or Foreign
		301-05-8	268 1 WM 2 1		_	ONTHS DAYS	HOURS MIN.	(Month, Day, Year)	Coun	itry)
pind		9a. FACILITY NAME (If not Institu	ution, give street and number)			Oh CITY TOWN	OR LOCATION OF DEATH	09/18/1	9c. COUNTY OF	hio
3 should	œ	Levindale He	,	C.					9C. COUNTY OF	JEATH
23	DIRECTOR	RESIDENCE OF DECE	DENT GELTAL	ric G	enter	ва	ltimore C	ity		
sec	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	10a. STATE	Db. COUNTY		10c. CITY,	TOWN OR LOC	ATION			10d. INSIDE CITY
.≅.	ᡖ	Maryland	Queen	n Ann	e		Maryde	1		1 YES 2 TO NO
perm	AL	10e. STREET AND NUMBER				1	OI. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?
020 physician. burlal-transit permit. Pages 1,	FUNERAL	1417 Busic	Church Re	oad			2164	.9	US	Α [
20 sicia rial-tr	5	11. MARITAL STATUS	12. WAS DECEI FORCES?	DENT EVER IN	U.S. ARMED	13. WAS DE	CENDENT OF HISPANIC	ORIGIN? (Specify Yea	or No.— 14 BAC	CE — American Indian, ck, Whita, atc.
oo oo oo	BY I	1 Never Married 2 Ma 3 TWWIdowed 4 Divorce	IF YES, GIV	1 V YES	TES		S 2 NO Specify:	dario rican, etc.)	Spe	c/ly:
215-0020 attending physic	- 4	A	ENT'S EDUCATION	48-19				T	<u> </u>	White
212	COMPLETED	(Specify only hi	ghest grade completed)		(Give kind of wo	rk done during n		16b. KIND OF BUS	INESS/INDUSTRY	
D 2	7	Elementary/Secondary (0-12)) College (1-4 or		2.0		abani a	Proporty	Managa	C
ANI the hos detach	M	17. FATHER'S NAME (First, Middl	le. Last)		Maintena	nce med	18. MOTHER'S NAME			ment Company
of the		Jaspe	r Edward	Gra	gory		IO. MOTHET S TAME	(i rist, imidula, maideir t		Imog "
MARYLAND 21215-0 retained by the hospital or attending 5 should be detached for use as the notified at once.	BE	19a. INFORMANT'S NAME (Type		OLE		DDRESS /Street	and Number or Rural Rout	a Number City or Tour		lmos "
MARY e retained to 5 should notified	2	Florence E				Box 3		Anne,		657
BALTIMORE, MARYLAND 21215-0020 and with thousand death. Page 6 may be retained by the hospital or attending physician. completely filled in by the funeral director, page 5 should be detached for use as the burial-tran rial, cremation, or removal.		20a. METHOD OF DISPOSITION	1	20b.	PLACE AND DATE OF	DISPOSITION //	Name of	DATE 20c. LOC	CATION — City or 1	
ALTIMORE, death. Page 6 may be funeral director, page		1 Donation 5 Other (Sp		Me	etery, crematory or oth	er place) emator	y,Inc. 6		altimo	
Page al dire		21. SIGNATURE FUNERAL S	SERVICE EPENSEE	111	- 010	22. NAME	AND ADDRESS OF FACILI	TY		
VL7 leath. funer	1	Serg	E V	11		Crem	ation Soc	ciety of	Md.,	Inc.
B/B	_	23. PART I. Enter the dise	e E. MacNa		ab death Dece	1299	Frederic	c Road E	Balto.,	MD 21228
BALTIN nours after death. Pag, d in by the funeral dir or removal.		ehock, or heer	rt fellure. List pniy pne	ceuse on e	ech ilne.	it enter the in	lode of dying, auch e	a cerdiec or respir	atory screet,	Approximate Interval Between
filled ion, o		iMMEDIATE CAUSE (Final disease or condition	A	102	JA1	A D D	CCT			Onset and Death
760 ed with ompletely fills il, cremation, event, the	- 1	resulting in death)	a. Due		CONSEQUENCE OF					
68760 ecuted wit nd comple burial, cre	_		_	10 (OI A) A	CONSCOURNCE OF					1
P.O. BOX 68: th certificate be execute ending physician and co I Hygiene prior to buria or other traumatic	Ó	Sequentially list condition if any, leading to immedia		TO (OR AS A	CONSEQUENCE OF)					
OX te be ex sician a	AT	ceuse. Enter UNDERLYING		da	STAG	E R	EUBL Y FRI	FALL	URS	
). B rifficate g phys iene pr	Ē	CAUSE (Disease or Injury that Initiated events			CONSEQUENCE OF)			1 5.0	C	
P. C. endin H. Hyg	ERTIFICATION	resulting in death) LAST	d	حدح	PIRA	TOR	y hal	LUR	-	
DIVISION OF VITAL RECORDS, P.O. BOX 68760 OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with ORECTOR: After this certificate has been signed by the attending physician and comples nours after death with the State Dept. of Health and Mental Hygiene prior to burial, cree tem 28 is marked, or item 23 shows any injury, or other traumatic even	O	PART II. Other significant	conditions contribution	to death h	ut not resulting in	the underlyi	Do Cause given in Da-	t I. 24s. WAS AN	HITTOREY T.	- WEDE ALTRAGOV PRINCIPLE
ECORDS quires that the d isigned by the it health and Mer	MEDICAL	CAN 6	RENG	CO deedil bi	at the resulting in		ng cause given in Par	PERFORI		b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
CO igned the safth	ă	0		0		EE		1 TYES 2	NO	OF DEATH?
REC requires been sign shows	Σ							-	' -	1 TYES 2 NO
F VITAL RE SICIAN: The law req certificate has been h the State Dept. of 1, or item 23 sho	A	25. WAS CASE REFERRED TO M	AFDICAL T				PLACE OF DEATH (Check	anti- anni		
VITAI IAN: The I	SICI	EXAMINER?	HOSPITAL:			OTHER:				
SICIAL Certific A. or the	主	27. MANNER OF DEATH	28a. DATE	OF INJURY	28b. TIME	OF 28c. II	me 5 Rasidenca 8 D	d. DESCRIBE HOW IN	JURY OCCURED	
ON OF ING PHYSIC ifter this ce eath with th	۵.	1 Natural 5 Per	inding (Monti	h, Day, Year)	INJU	RY W	ORK?			
ON After death	D BY	2 Sulaida	28a. PLAC	E OF INJURY	— At home, term, st		,	t. LOCATION (Street a	nd Number or Rural	Route Number,
DIVISION OR ATTENDING R OIRECTOR: After hours after death	2		armined	ng, etc. (Spec	my)		_	City or Town, State)		
	1	29a. CERTIFIER CERTIFY	ING PHYSICIAN: To the bes	t of my knowl	edge, death occurred	at the time de	te and place, and due to t	the cause(s) and man	per as stated	
Z 30 =	OMPLE		L EXAMINER: On the beals							(a) and manner as stated.
HOS Withi		29b. SIGNATURE AND TITLE OF	~	1	1	1	29c. LICENSE NUMBE			
TO THE HOSPITY TO THE FUNERA De filed within 7	8	Dovo	J 13	(e)	Ca_	[7]	071	680	29d, DATE SIGNE	112 194
₽ ₽ ₽ ₹	임	30. NAME AND ADDRESS OF PI	ERSON WHO COMPLETED C	AUSE OF DEA	ATH (ITEM 27)(17)(IN)	YWO	1 1 2 1	0 % 0	6	1/2
(4)		6717	Pole	4	tale	55	Fre - 5	-1215		
		31. DATE FILED (Month, Day, Yea	() 32. Fig. 287	THANKS SIGNA	CTURE O					
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DIVISION OF VITAL RECORDS, P.O. BOX

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Thours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR 1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR CERTIFICATE OF DEATH REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME O	F DEATN			
	DEWITTE CLINTON GOOD JUNE 12, 1994 YEAR 11:	15 a.m.			
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In vrs. last birthday) IF HADE 1 YEAR IF HADE 7 DATE OF BIRTH 1 BIRTHDAY AVE (IV)				
- 3	MONTHS DAVE MOURS AND (Morth, Dev. Year) Country)	. C			
_~	9s. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATN				
Ö	THE JOHNS HOPKINS HOSPITAL BALTIMORE CITY				
DIRECTOR	RESIDENCE OF DECEDENT 10e, STATE 10b, COUNTY 10e, CITY TOWN OR I OCATION 10c, STATE 10b, COUNTY 10e, CITY TOWN OR I OCATION 10c, CITY TOWN OR				
풀	INC. CIT. CON ON COLUMN	F6?			
	Diff C.	2 NO			
4	10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUN	NTRY?			
FUNERAL	1725 E. EAGER ST 21205 USA				
3	11. MARITAL STATUS 12. WAS DECEDENT EVERATE 13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yea or No. 14. RACE - America	en indien			
LL.	1 Never Merried 2 Merried FORCES? 1 Sec.) 1 Never Merried 2 Merried FORCES? 1 Sec.) 1 YES, GIVE WAR OR DATES 1 YES 2 NO Specify: Specify: Specify:	C.			
ВҰ	3 Wildowed 4 Divorced NWIII BLACK				
0	15. DECEDENT'S EDUCATION 16s. DECEDENT'S USUAL OCCUPATION 16s. KIND OF BUSINESS/MINDLETDY				
E	(Specify only highest grade completed) (Give kind of work done during most of working				
7	Elementary/Secondary (0-12) College (1-4 or 5+) LABOR BETHLEHEM STE				
COMPLETED		EL			
	17. FATNER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Meiden Surnage)				
BE	UNKNOWN SARAh Good				
2	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)				
	RITA GOOD 1725 E. EAGERST BALL MD 21205				
. 4	20s. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town. State				
	1 Burial 2 Cremation 3 Removal from State 4 Donetion 5 Other (Specify) GARRISON FOREST /// OWINGS M, LL 21. SIGNATURE OF FUNERAL SERVICE LICENSFF	,			
,	AL GIGALITIES OF SUBSEMA ASSAURT LIGHTEST				
	. //	12/3			
	Yalrian Bitte 1129 N. CAROLINE ST BALL	MD			
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest,	proximeta			
	shock, or heart failure. List only one cause on each line.	rval Between			
	IMMEDIATE CAUSE (Final disease or condition	et and Dasth			
- 1	reaulting in death) a. DUE TO/(OR AS A CONSEQUENCE OF):	year			
Sequentially the conditions to Metastatu Plantato Comes					
NO	Sequentially list conditions. In Metastatu Plontato Carrel	1			
MOIT	If any, leading to immediate	-			
ICATION	if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury				
TIFICATION	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):				
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BE COMPLETED BY PHYSICIAN: MEDICAL	Section Section Control Cont	PRIOR TO ON OF CAUSE 2 NO or.			
BE COMPLETED BY PHYSICIAN: MEDICAL	Security Security	PRIOR TO ON OF CAUSE 2 NO or.			

BALTIMORE, MARYLAND 21215-0020

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TO THE HDSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Jours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permi	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - STATE STATE CERTIFICATE OF DEATH REG. NO.								
	1. OECEDENT'S NAME (First, Middle, Last) CHARLO TTE	M.	6	LOCK		2. DATE OF DEATH DO TUNE OF	9 199	3. TIME OF OEATH	
	218-46-1401	□ M 2 × F 78	yrs. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Jan. 7, 191	L6 Ba	NIRTHPLACE (State or Foreign ountry) 1timore	
TOR	96. FACILITY NAME (If not institution, give street FALLS TON RESIDENCE OF DECEDENT	e and number)	HOSP	-	STON		9c. COUNTY	RFO KA	
DIRECTOR	Maryland Harford	d		y, TOWN OR LOCA allston	ION	10d. INSIDE CITY LIMITS? 1 YES 2 NO			
FUNERAL	100. STREET AND NUMBER 318 Reckord Road	P.O.Box 10		10	21047		10g. CITIZEN	OF WHAT COUNTRY?	
ВУ	11. MARITAL STATUS 1 Never Married 2 Married Widowed 4 Divorced	2. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes, sp		IIC ORIGIN? (Specify Yearn, Puerto Rican, atc.)	or No- 14.	RACE — American Indian, Black, Whita, atc. Specify: White	
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade con Elementary/Secondary (0-12)	TION mpleted) College (1-4 or 5+)	18a. DECEDENT'S (Give kind of wife. Do NOT us Housewi	vork done during mo e retired.)	DN st of working	166. КІНО ОГ ВИЗ			
COM	17. FATHER'S NAME (First, Middle, Last) Walter E. Stone, Si		HOODEWI			ME (First, Middle, Maiden			
то ве	19e. INFORMANT'S NAME (Type/Print)	F •	19b. MAILING	ADDRESS (Street a	nd Number or Rural F	te Chaney Houte Number, City or Tow	n, State, Zip Code	0)	
ĭ	Charles W. Glock	20h	314 R			.Box 6 Fa	allston		
	XXBurisi 2 ☐ Cremation 3 ☐ Remova 4 ☐ Donetion 5 ☐ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENS	I from State	Air Me	morial G	ardens 6	/13/94 Be	elAir,	Md.	
9	E. 4. Jas	sahr	,	11750	Belair	Funeral H Rd. Kingsv	ille,	Md. 21087	
	23. PART I. Enter the diseases/or comshock, or heart fallure. Lis	pilications that causad t only one cause on as	the death. Do r	ot antar the mo	da of dying, such	as cardiac or raspi	ratory arrast,	Approximata Interval Batween	
	IMMEDIATE CAUSE (Final disease or condition reaulting in death)	U	Mali	opin	Lm	arrel	Laby	W Le and Daath	
Z	Sequentially list conditions, b.								
CATIC	if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease Dr Injury	DUE TO (OR AS A	CONSEQUENCE OF	7:	UA				
CERTIFICATION	that initiated avanta resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF	7):					
	PART II. Other significant conditions of	ontributing to death bu	it not resulting i	n tha underlyin	cause given in	Part I. 24s. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
: MEDICAL					-	1 D YES 2		COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO	
PHYSICIAN:		OSPITAL:		28. PI	ACE OF DEATH (Che	ck only one)			
PHYS	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c. INJ	URY AT RK?	8 Other (Specify) 26d. DESCRIBE HOW I	NJURY OCCURE	D	
В	1 Natural 5 Pending 2 Accident Investigation 3 Suicida 8 Could not be	28a. PLACE OF INJURY	At home, farm, s	M 1 🗆	ES 2 NO	281. LOCATION (Street a	and Number or Ru	ural Route Number	
ETED	4 Homicide determined	building, atc. (Special				City or Town, State)			
COMPLET		N: To the best of my knowle On the basis of examination						ise(s) and manner es stated.	
B	296. SIGNATURE OF CERTIFIER	By	nd	9	29c. LICENSE NUM			NED (Month, Day, Yeer)	
5	30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF DEA	TH (ITEM 27) (1/10)	Prihe)	lis Ro	ad- 2	Mot	4021047	
	JUN 13 1994	32. BEGISTRAR'S SIGNA	THE .						

ospital or attending physician.	thed for use as the burial-transit permit. Pages 1, 2, 3 should	ri e
TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with each not. Page 6 may be retained by the hospital or attending physician	E 2	IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
TO THE H	TO THE FI	IMPORT

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - FOR STATE REGISTRAR	TE OF MARYLAN	D / DEPARTI				GIENE		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DE			3. TIME OF DEATH
	LENA A HAS	SLOCH				монтн 06	08 1	994	1005 PM
	4. SOCIAL SECURITY NUMBER 5. SEX			F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIR	RTH West	6. BIRTHP Country)	LACE (State or Foreign
		2 DXF 85	YRS.	MINS DAYS	HOURS MIN.	2-16-1	1909		ermany
-	9s. FACILITY NAME (If not institution, give street and n	and the same of th		b. CITY, TOWN C	R LOCATION OF DE	ATH	9c. COU	NTY OF DE	ATH
2	Greater Baltimore Me	dical Cent	er	Tows	on		В	a/ltim	ore
n n	10e. STATE 10b. COUNTY		10c. CITY, 1	OWN OR LOCAT	ION			1	10d. INSIDE CITY
5	Maryland Baltimor	e	Ва	altimor	е				LIMITS?
FUNEMAL DIMECTOR	10e. STREET AND NUMBER			101	ZIP CODE		10g. CIT	IZEN OF WI	IAT COUNTRY?
	2011 Jolly Road				21209			.S.A.	
		B DECEDENT EVER IN U. RCES? 1 TYES 2 ES, GIVE WAR OR OATE:			ENDENT OF HISPAN Icity Cuban, Maxical			14. RACE - Black,	- American Indian, Whits, stc.
P.	3 Wildowed 4 Divorced	ES, GIVE WAR OR OATE	\$^	1 🗆 YES	2 NO Specify			Specify	White
E	15. DECEDENT'S EDUCATION (Specify only highest grade completed	16	s. DECEDENT'S US	UAL OCCUPATION	IN	16b. KIND	OF BUSINESS/IN	DUSTRY	
4	Elementary/Secondary (0-12) College	e (1-4 or 5 +)	(Give kind of word	etired.)	st of working				
COMPLETED	12		Homemake	÷L.			wn Home		
	17. FATHER'S NAME (First, Middle, Lest) John Hasle	och			Joseph			uessl	er
2	19s. INFORMANT'S NAME (Type/Print)		405 4444 1940 44		nd Number or Rural F				CI
2	Zelig A. Joffe		2011		Road, Ba.				
	20s. METHOD OF DISPOSITION	20b. PL	ACE AND DATE OF	DISPOSITION / Na	me of	OATE	20c. LOCATION —		n, Stats
	1 Donation 5 Other (Specify)	State cemeter	Ttop Ser	Vice C	orp. 6-1	1-94	Towson	, Mar	yland
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE			22. NAME AN	D ADDRESS OF FAC	CILITY			
	* Wallace S. B	Brooks, D	L.		Towson I				0.4
	23. PART I. Enter the diseases, or complica	itions that caused th	e death. Do not						Approximete
	shock, or heart fellure. List only IMMEDIATE CAUSE (Final					4			interval Between Onset and Death
	disease or condition resulting in death)	KESPI	MATURY	1	FAILL	IRE			YEARS
		OUE TO (OR AS A CO	ONSEQUENCE OF):						
2	Sequentially list conditions, b.	DUE TO (OR AS A CO	INSEQUENCE OF):						
ERIFICATION	if any, leading to immediate cause. Enter UNDERLYING								
	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CO	INSEQUENCE OF):						
L.	resulting in deeth) LAST								
اد	PART II. Other significant conditions contril	buting to death but	not resulting in	the underlying	cause given in		WAS AN AUTOPSY		VERE AUTOPSY FINDINGS
3	Caneestin						PERFORMED? YES 2 NHO		WAILABLE PRIOR TO COMPLETION OF CAUSE
MEDIC	DIABETE.	s INSI	JLW	REQU	IRING	_ '			OF DEATH?
	DID TOBACCO USE CONTI	RIBUTE TO CA	AUSE OF I	DEATH Y	ES NO	N			
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				ACE OF DEATH (Che	eck only one)			
2	1 YES 2 NO 1 Jinp	entient 2 - ER/Outpatis	int 3 🗆 DOA 4	Nursing Hom	5 🗌 Residencs		**		
	1 Natural 5 Pending	s. DATE OF INJURY (Month, Day, Year)	28b. TIME C	Y WO	URY AT RK? 'ES 2 NO	28d. OEŞCRIBE	E HOW INJURY OC	CURED	
6	2 Accident Investigation 3 Suicide 8 Could not be 281	s. PLACE OF INJURY —	At home, ferm, stre			28f. LOCATION	(Street and Numbe	r or Rural Ro	ute Number.
3	4 Homicide 8 Could not be determined	building, atc. (Specify)				City or Tow	n, State)		
MPLE	29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To	the best of my knowleds	ge, death occurred	at the time, date	end piecs, and due	to the csuse(s)	and manner es sta	rted.	
5 II	one) 2 MEDICAL EXAMINER: On the								and manner as stated.
פר	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUN		29d. DA	TE SIGNED	Month, Day, Year)
	11/ say be	NP			023	3/9	> (0-9	7-94
-	30. NAME AND ADDRESS OF PERSON WHO COMPL	ETED CAUSE OF OEATH	(ITEM 27) (Type, Pr	int)		-			
	24 DATE EN ED Afant, D. W.								
	31. DATE FILED (Month, Day, Year)	he Davidson_	Dark Company						
	101004		milanda						

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DIVISION OF VITAL RECORDS, P.O. BOX 68/60	0
	18.

	1 - STATE REGISTRAR	STATE OF MARYLAN	ID / DEPARTMENT OF CERTIFICATE O	F DEATH	MENTAL HYGIEN REG. NO.	E				
	1. DECEDENT'S NAME (Figst, Middle, Last) Christine		yard		2. DATE OF DEATH MONTH D	94	3. TIME OF DEATH 00. 40 A			
	219-50-4882	1 - M 2 DF 43	rs. last birthday) IF UNDER 1 YEA	'S HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 9-17-19	- a G	IRTHPLACE (State or Foreign punitry) M D			
TOR	9a. FACILITY NAME (If not institution, give stre			N OR LOCATION OF DI	EATH	9c. COUNTY (OF DEATH			
DIRECTOR	10e. STATE 10b. COUNTY		BALL,	CATION			10d. INSIDE CITY LIMITS? 1 4 YES 2 NO			
FUNERAL	100. STREET AND NUMBER 2013 WIN FORD	Road		101. ZIP CODE 21239		10g. CITIZEN	OF WHAT COUNTRY?			
BY FUI	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U. FORCES? 1 YES :	≥ €¶0 If yes	DECENDENT OF HISPAI , specify Cubeo, Maxics YES 2 NO Specif			RACE — American Indian, Black, White, etc. Specify: BLACK			
LETED	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)		(Give kind of work done during life. Do NOT use refired.)	most of working	16b. KIND OF BUS	SINESS/INDUSTF				
COMPL	17. FATHER'S NAME (First, Middle, Lest) NELSON	HOWARD	UNEM PLOY	16. MOTHER'S NA	ME (First, Middle, Maiden		-			
TO BE	19a. INFORMANT'S NAME (Type/Print) MARY HOWA!		196. MAILING ADDRESS (Street		Route Number, City or Tow	n, State, Zip Code	1239			
	20e. METROO OF DISPOSITION 1 Burlel 2 Cremetion 3 Remon	20b. PL	ACE AND DATE OF DISPOSITION TO Crematory or other place)	(Name of	DATE 20c. LO	CATION — City of				
	21. SIGNATURE OF JUNETIAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY BETTS FUNERAL HOME 1129N. CAROLI									
CERTIFICATION	iMMEDIATE CAUSE (Final disease or condition resulting in desth)	My co backer DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO	insequence of: immune de insequence of: amuna delic	ficiency	syndri	me	interval Betwe			
MEDICAL	PART II. Other significant conditions Thrush w.T	contributing to death but he esoph 694	not resulting in the under	ing cause given in	Part i. 24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION DF CAUSI OF DEATH? 1 YES 2 NO			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	OTHER:	PLACE OF DEATH (Ch						
ВУ РНУ	27. MANNER OF DEATH Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF 28c.	INJURY AT WORK? YES 2 NO	28d. DESCRIBE HOW II	NJURY OCCURE	D			
TED B	2 Accident Investigation 3 Suicide 8 Could not be determined 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28s. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)									
O BE COMPLETED BY PHYSICIAN: MEDICA		AN: To the best of my knowledge on the basis of examination ar					se(a) and manner as stated			
O BE C	296. SIGNATURE AND TITLE OF CENTURES	untr	4	29c. LICENSE NUI	MBER	29d. DATE SIG	NED (Month, Bay, Year)			
	30. NAME AND ADDRESS OF PERSON WHO ROS ALLEN	FRARD	22 S. Grey	ene St.	Belt	MI	Ź			
	31. DATE FILE LAND (NEW)	32. SECTION SIGNATURE	- Pandalle							

DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within our star death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept, of Health and Memal Hygiene prior to burial, cremation, or removal.	, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the d	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the be filed within 72 hours after death with the State Dept. of Health and Mei	IMPORTANT: If item 28 is marked, or item 23 shows any injur

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
REGISTRAR

EXPENT'S NAME (First, Middle, Leet)

2. DATE OF DEATH

2. DATE OF DEATH

2. DATE OF DEATH

	1. DECEDENT'S NAME (First, Middle, Last)	C. H.	11					,	2. DATE OF DEATH	37	1997	TIME OF DEATH
3	4. SOCIAL SECURITY NUMBER 198-10-6998	5. SEX 1次 M 2 L F	6. AGE (In yrs. In:	"	IF UNDER	1 YEAR DAYS	IF UNDE	MIN.	7. DATE OF BIRTH	15	Country)	ACE (State of Foreign
1 9	9a. FACILITY NAME (If not institution, give	street and number)			9h CITY	TOWN (OR LOCAT	ON OF DE	ATM	T 80 CO		inia
DIRECTOR	Joseph Richey		e		Baltimore Bc. county of Death					IN .		
Diameter 1	10a. STATE 10b. COUNT	Y		10c. CITY	r, TOWN C	OR LOCAT	TION	_		_	10	Dd. INSIDE CITY
	MD.	150			Baltimore					1 🗹 YE		
FUNERAL	100. STREET AND NUMBER 2413 Reisters	stown Ro	ad Apt	. I		101	212	_		10g. Cl	TIZEN OF WHA	S.
3	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AF	RMED	13.	WAS DEC	ENDENT (OF NISPAN	IIC ORIGIN? (Specify)	fea or No-		- American Indian, While, atc.
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1	YES 2 1	no Army		if yes, sp		ın, Maxica	n, Puerto Rican, etc.)		Black, V Specify:	Black
03	15. DECEDENT'S EDU (Specify only highest grade	CATION	16a. DE	CEDENT'S	USUAL O	CCUPATIO	ON		16b. KIND OF B	USINESS/IN	IDUSTRY	
PLET	Elementary/Secondary (0-12)	College (1-4 or 5		the lind of we have the					Wir	e Mi	.11	500
COMPL	17. FATHER'S NAME (First, Middle, Last)						18. MOT	NER'S NA	ME (First, Middle, Meid	n Surname)		
BE	Patrick Hill		1.00	. Man ma	400DF00	0.00			y Chris			
10	Maggie Hill		10	2413	3 Re	ist	ers	town	n, Road B	alto	MD.	21217
	20a. METHOD OF DISPOSITION 1	noval from State	20b. PLACE	AND DATE O	Palyer)	Cen	_{lme of} lete	ry 6	194 St	eelt	On, F	a.
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE			22.	NAME AI	ND ADDRE	SS OF FA	GILITY 17	21-2	7 N N	Monroe ST
	· Nowtha	Hector	CFSI	2#28	1 E	E.L.	Phi	11i ₁	os F/HBa		-	
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, auch as cardiac or shock, or heart feliure. List only one ceuse on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO OF AS A CONSCOUENCE OF): DUE TO OF AS A CONSCOUENCE OF): DUE TO (OR AS A CONSCOUENCE OF): C. DUE TO (OR AS A CONSCOUENCE OF): DUE TO (OR AS A CONSCOUENCE OF):									7		Interval Between Onset and Death Mi writes 1 year	
ERT	that initiated events resulting in death) LAST	d	(OR AS A CDNSE									
MEDICAL	PART II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Part I. Hypertense 1 Laberculasis 1 Ves 2 No 24b. Were Autropsy FINDING AMAILABLE PRIOR TO COMPLETION OF DEATH? 1 VES 2 NO										MILABLE PRIOR TO OMPLETION DF CAUSE F DEATH?	
AN	25. WAS CASE REFERRED TO MEDICAL					24 64	ACE OF F	EATH OL	ant anti-anti-			
Sici	EXAMINER?	HOSPITAL:	FR/Outpetlant 1	I DOA	OTHE	R:	10 5 🗆 R		eck only one)	140	2120	
PHYSICIAN:	27. MANNER DF DEATH 1 Natural 5 Pending	28a. DATE DF (Month, D	INJURY	28b. TIMI	- 7	28c. INJ W0			6 Other (Specify) 28d. DESCRIBE HOV	1	CCURED	5 1 5 3 1
ED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e, PLACE O building,	F INJURY — At ho	ome, farm, a	street, fect				281. LOCATION (Street City or Town, Sta	et and Numb te)	er or Rural Rou	ite Number,
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMIN								to the cause(a) and n			nd manner as stated.
TO BE C	30 NAME AND ADDRESS OF PERSON W	Sellen					29c. LIC	3 2	18ER 747	29d. DA	TE SIGNED (M	onth, Day, Year) _ 9 4
	Robert C	IO COMPLETED CAU	(' MA	M 27) (Type,	MS.)	50	serl	1. Eufoc	W ST	- Rul	Franc 21201
	JUN 1 3 1994	32. JEGISTRA	R'S SIGNATURE	Indett							1	

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within \$\frac{7}{1}\text{hours}\$ after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEOENT'S NAME (First	Middle, Last)								2. DATE OF	DEATH	_		3. TIME OF DEATN
		ILDRED	GERTIN	IG HAI	LL_					June 6	, 199	4	YEAR	4:30P M
	4. SOCIAL SECURITY NUME	BER	5. SEX		s. last birthday)	IF UNDER	DAYS	IF UNDER		7. DATE OF I	w Wanzi		6. BIRTN Countr	IPLACE (State or Foreign
	216-05-9934		1 🗆 M 2 💢 F	93	YRS.		7-77	10.00		March 3	0, 19	03		/land
~	9a. FACILITY NAME (If not in							OR LOCATI	ON OF OE	ATH		1,100,110	INTY OF O	
<u>ē</u>	Greater Baltin	MOYE MEC	lical Cente	er		lov	vson					Ba	ltimo	re
DIRECTOR	10a. STATE	10b. COUNTY			10c. CIT	TY, TOWN	OR LOCA	TION						10d. INSIDE CITY
	Maryland	Balt	imore			Towso	on							LIMITS?
FUNERAL	10e. STREET AND NUMBER						10	f. ZIP COD				10g. CIT	IZEN OF V	VHAT COUNTRY?
NE	617 Chestnu	ut Avenu						2120					USA	
	11. MARITAL STATUS 1 Never Married 2	Married	12. WAS DECEDEN FORCES? 1	YES 2	VYNO		If yes, so	ecify Cuba	n, Mexica	IC ORIGIN? (S	pecify Yea n, atc.)	or No-	14. RACE Black	American Indian, c, Whita, atc.
BY	3 Widowed 4 Divo	rced	IF YES, GIVE V	WAR OR DATES			1 YES	2 100	Specify	:			Speci	w. White
COMPLETED	15. DEC	EDENT'S EDUC	CATION COMPointed	164	DECEDENT'S	USUAL O	CCUPATI	ON		16b. KIN	ID OF BUS	INESS/IN	DUSTRY	WIIICE
91	Elementary/Secondary (0	1	College (1-4 or 5	+)	(Give kind of life. Do NOT u	se retired.)	oung m	ISL OF WORK	'NU					
M P			2			Homen	naker				Own			
	17. FATHER'S NAME (First, M.		.i.a.					18. MOT		ME (First, Middl		Sumame)		
8	William Edwa		.Inq		105 MAII 01/	ADDRES	0 /04			h April				
2	Donald G. Ha									n, Mary			p Code)	
	20a. METHOD OF DISPOSITI	ON		20b. PLA	CEANDDATE	OF DISPOS	RITION /A/	ame of		DATE	200 100	MOUTAC	City or To	wn. State
	Burial 2 Crematio	(Specify) /		cemeter	uid Ri	dde	Ceme	eterv		6/9	Luth	ervi l	le Ma	arvland
	21. SIGNATURE OF PUNERAL	L SERVICE LIC	ENSEE /			22.	NAME A	ND ADDRE	SS OF FAC	YILITY				AT Y LOUIS
	Dennis St	enten X	mene erakis M	00640		65	an v	ank Da		tchell- Itimore				,
	23. PART I. Entar the di	seasea, or d	omplications the	t ceused the	e daeth. Do	not enter	the mo	de of dy	ing, auch	aa cerdiac	or respi	ratory ar	reat,	Approximete
	IMMEDIATE CAUSE (Fin	and .	List only one cau											Interval Between Onset and Death
	disease or condition resulting in death)	+	Card	LOPI	n(m)	9~	ar	A	ne	89				5min
			DUE TO DUE TO	(OR AS A CO	NSEQUENCE O	F):		£.,						5 dans
S I	Sequentially list conditi	ons,	DUETO	CS TO	MEDITENCE O	NT	+0	arlu	سرح					Sans
¥ I	if any, leading to immed cause. Enter UNDERLYI	NG NG	Acu	te M	A 0 C/6	dia	1 .	2	-	him				5000
Ĕ	CAUSE (Disease or Inju that initiated events	γ) '	DUE TO	(OR AS A CO	NSECUENCE O	F):	N		40					0 00043
CERTIFICATION	resulting in death) LAS	T ((200,	my	Art	erz	D	ع ما	l					
	PART II. Other algnifica	nt condition	a contributing to	death but n	ot resulting	In the ur	deriyin	g ceuse (given in i	Part I. 24e	. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS
EDICAL	Depo	essin					•	0.00			PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE
										_ ' '	_ TES 2	IN NO		OF DEATH? 1 YES 2 NO
2									_	_				
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:			OTHE		ACE OF O	EATH (Che	ck only one)				
YSI	1 TES 2 NO		1 Inpatient 2				sing Non		sidence	6 Other (Sp	ecify)			
H	27. MANNER OF OEATH	Pending	28a. OATE OF (Month, D	ay, Year)	28b. TIM	URY	WC	URY AT	, l	28d. OESCRIE	BE HOW IN	JURY OC	CURED	
BÝ	2 Accident	nvestigation	28e, PLACE O	F INJURY — A	It home, farm,	street, fact		YE\$ 2	NO	281. LOCATIO	N /Ctmat a	nd Mumba	e or Primi S	
		Could not be determined	building,	etc. (Specify)			,.			City or To	wn, State)	na wamba	or nurer n	oute Number,
COMPLETED	29a. CERTIFIER 1 CERT	IFYING PNYSIC	CIAN: To the best of	my knowledge	e, death occurr	ed at the t	lme date	and place	and due	to the councin) and man	ner en ete	lad	- 11
N N														and manner as stated.
ш С	296. SIGNATURE AND THE								NSE NUM					(Month, Day, Year)
ω	Will	(MYM	rlon	ner	~ 1	MD	0)4 d	129		•		7, 1994
2	30. NAME AND AODRESS OF												Juik	, 133 :
	Dr. Willia	m McCon	nell 500 W	est Univ	versity	Parkw	ay Ba	altimo	re, M	<u>aryland</u>	21218	3		
	JUN 1319	Year)	32. REGISTRA	R'S SIGNATUR	RE									
15	JOIN TO 19	TU		1										

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Sec. 101

No. 1

YEAR

94

3. TIME OF DEATH

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2. DATE OF DEATH

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DAY

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STATE REGISTRAR

1. DECEDENT'S NAME (First Middle Leet)

MARIE

4. SOCIAL SECURITY NUMBER

G.

5. SEX

JACKSON

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6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. 218-01-6588 1 M 2 X F 87 YRS 02 14 VIRGINIA 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH Re. COUNTY OF DEATH DIRECTOR MERIDIAN NURSING CENTER SEVERNA PARK ANNE ARUNDEL RESIDENCE OF DECEDENT 10a STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MARYLAND ANNE ARUNDEL LINTHICUM HEIGHTS 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 101 ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 6308 ORCHARD ROAD 21090 U.S.A. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ABMED FORCES? 1 YES 2 MINO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or Noif yes, specify Cuben, Maxican, Puarto Rican, atc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married ВУ 3X Widowed 4 Divorced Specify: WHITE COMPLETED 15. DECEDENT'S EDUCATION 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp Elementary/Secondary (0-12) College (1-4 or 5+) 12 0 PRODUCTION EXPEDIATOR MANUFACTURING 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) **JAMES** GRAY notified at MOLLIE FITCHETT 图 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 1691 TARLETON WAY-CROFTON, MD. MORGAN M. JACKSON 21114 page Pe 20a METHOD OF DISPOSITIO
1 Disputation 2 Cremation
4 Donation 8 Atthe 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, Stata must 3 Red funeral director, GLEN HAVEN CEMETERY GLEN BURNIE, MD. 6/14 examiner 21. SIGNATURE OF 22. NAME AND ADDRESS OF FACILITY death. RAYMOND C. FINK FUNERAL HOME 21061 a the 426 CRAIN HWY.S.W.GLEN BURNIE, MD. after medical 23. PART I. Enter the diseases of complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, in by Approximata shock, or heert fellure. List only one cause on each line. Interval Between filled IMMEDIATE CAUSE (Final Onset and Death the and completely fill burial, cremation, disease or condition CONGESTIVE MEANT FAILURE event. resulting in death) death certificate be executed within DUE TO (OR AS A CONSEQUENCE OF MIRRAR REGULLITATION traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEDUENCE OF) been signed by the attending physician a it. of Health and Mental Hygiene prior to If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury other DUE TO (OR AS A CONSEDUENCE OF) that initiated events resulting in deeth) LAST 0 Injury, PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE shows any 1 YES 2 700 HROMBOCH TOPENIA OF DEATH? 1 - YES 2 - NO PHYSICIAN: N/A has be Oept. 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) certificate t item HOSPITAL:
1 | Inpatient 2 | ER/Outpetient 3 | DOA OTHER:
4 2 Nursing Home 5 Residence 8 Other (Specify) 1 TYES 2 XNO 10 the 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY this c marked, 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED X Natural 5 Pending 1 YES 2 NO After t ВY 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 3 Suicide 60 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) ETED L DIRECTOR: / 8 Could not be determined 28 4 Homicide Hem 29a. CERTIFIER

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. COMPL THE HOSPITAL (THE FUNERAL D IMPORTANT: II 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) M 0 217 06/10/94 23 2 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 30. NAME AND ADDRESS OF PERSON SURYA P. MUNDRA M.D.-203 E. PATAPSCO AVENUE-BALTIMORE, MD. 21225 JUN 1 3 1994 FUNE DEVICES SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH



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		1 - STATE OF MARYLA REGISTRAR	ND / DEPARTMENT OF H	IEALTH AND MENTAL HYGI DEATH REG.						
		1. DECEDENT'S NAME (First, Middle, Last)		2. DATE OF DEAT						
			OCHUM		9 1994 0105					
Pin		217-74-6807 1 M 2 K 25		HOURS MIN. 7. DATE OF BIRTH (Month, Day, Yea 05/02/	69 Maryland					
. 2, 3 should	СТОВ	9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH WASHINGTON ADVENTIST HOSPITOL TAKOMA PARK MONTGOMERY RESIDENCE OF DECEMENT								
Pages 1,	DIREC	10a. STATE 10b. COUNTY	10c. CITY, TOWN OR LOCAT		10d. INSIDE CITY LIMITS?					
permit.		Maryland Prince Georges 10o. STREET AND NUMBER	101	New Carrollto	1 U YES 2 NO					
an. transit	FUNERAL	8018 Carrollton Parkway		20784	USA					
or attending physician.	BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN FORCES? 1 VES IF YES, GIVE WAR OR DAT	2 NO It yes, sp	ENDENT OF HISPANIC ORIGIN? (Specify cuben, Mexicen, Puerto Ricen, atc. 2X NO Specify:						
attend use as	GE	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	18e. DECEDENT'S USUAL OCCUPATION		BUSINESS/INDUSTRY					
<u>a</u> ₽	COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+)	Research Ass:		۲.					
the hospit detached	Ŏ.	17. FATHER'S NAME (First, Middle, Last)		18. MOTHER'S NAME (First, Middle, Ma						
3 6 6	BE	Donald P. Jochum		Nancy A						
ay be retained by page 5 should by be notified a	10	Donald P. Jochum		and Number or Rural Route Number, City or $1 ton \ Pkwy. \ New$	Town, State, Zip Code) TCarrollton,MD 20784					
		20e. METHOD OF DISPOSITION 1 Buriel 2 X Cremation 3 Removal from State 4 Donation 5 Other (Specify)	PLACE AND DATE OF DISPOSITION (Ne etery, crematory or other place) LTO Crematory	Inc. 06/11 E	Baltimore, MD					
SALTIN r death. Pag le funeral dir al. examiner		21. SIGNATURE OF FUNERAL SERVING LICENSEE Dawn F. McDonald	d Crema	ID ADDRESS OF FACILITY	of Maryland, Inc.					
within mounts af pletely filled in by cremation, or removed feet, the medical pletely.		23. PART I. Enter the disease, or complications that caused ehock, or heert feilure. Liet only one cause of earliesese or condition resulting in death) OUE TO (OR AS A C	the death. Do not enter the moch line.	de of dying, such as cerdiec or re	espiratory errest, Approximete Intervel Between Onset and Death					
th certificate be ending physician I Hygiene prior to	ERTIFICATION	ceuse. Enter UNDERLYING CAUSE (Disease or Injury	CONSEQUENCE OF):							
the d We will we will be did not be did not be din the did not be did not be did not be did not be did not be did	MEDICAL C	PART II. Other significent conditions contributing to death but Tolder Tolder	t not resulting in the underlying	PER	S AN AUTOPSY NFORMED? 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 15/2 YES 2 \(\) NO					
law req as been Dept. of		DID TOBACCO USE CONTRIBUTE TO C	AUSE OF DEATH Y	ES NO	.X. 123 1 2 110					
N: The icate has State D	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	OTHER:	ACE OF OEATH (Check only one)						
PHYSICIA this certif with the	у РНУ	27. MANNER OF OEATH 1 Netural 5 Pending Accident Investigation 1 Inpatient 2 ER/Outpet 28e. DATE OF INJURY (Achin, Del. Net.)	28b. TIME OF 20c. INJ	RK?	DW INJURY OCCURED LE dANCING					
OR ATTENDING DIRECTOR: After hours after death tem 28 is mai	TED B	3 Suicide 6 Could not be building, etc. (Specific	At home, term, street, tectory, officity)	281. LOCATION (Sti City or Town, S	reet end Number or Rural Route Number, itele)					
Hour Pier	COMPLET	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination								
TO THE HOSPITAL TO THE FUNERAL Be filed within 72 IMPORTANT: It	BE	296. SIGNATURE AND TITLE OF CERTIFIER	M	29c. LICENSE NUMBER O.C.M.E.	29d. DATE SIGNED (Month, Day, Year) ▶ JUNE 11, 1994					
0=	T0	30. TAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEAT LAKE, MY 11	TH (TEM 27) (Type, Print) 1 Penn Street		Maryland 21201					
		31. DATE FILED (Month, Day, Year)	n-Amdell							

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The Line - Control

BALTIMORE, MARYLAND 21215-0020
VITAL RECORDS, P.O. BOX 68760
DIVISION OF VITAL

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within - Fnours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG. NO.

			CERTIFIC	THE O		REG. NO					
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	AM We s	3. TIME OF DEATH			
	DOROTHY S	2. 10065				JUNE 8	1994	7:08 1			
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In		F UNDER 1 YEAR		7. DATE OF BIRTH (Month, Day, Year)		RTHPLACE (State or Foreign			
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	9e. FACILITY NAME (If not institution, give :	street end number) CRC(mush 9	b. CITY, TOW	N OR LOCATION OF D		9c. COUNTY C	F DEATH			
5	MERIDIAN NURSING LENTER TOWSON BANTIMORS										
5	RESIDENCE OF DECEDENT	101110 221112		.00	n3G11		1 Ord	11./015			
DIRECTOR	10e. STATE 10b. COUNT	ſΥ	10c. CITY, 1	OWN OR LOC	CATION			10d. INSIDE CITY LIMITS?			
- 4	1 PARYLAND		B	ALTIC	MORE			1 X YES 2 NO			
FUNERAL	10e. STREET AND NUMBER				10f. ZIP CODE		tog. CITIZEN C	OF WHAT COUNTRY?			
ᇤᆘ	3210 EVERGER	esso Avs.			2121	14	1 ().	S.A.			
5	11. MARITAL STATUS	12. WAS DECEDENT EVER IN				NIC ORIGIN? (Specify Ye	8 or No— 14. R	ACE — American Indian,			
	1 Never Merried 2 Merried	FORCES? 1 YES	2 NO TES		specify Cuben, Mexico ES 2 K NO Specia	en, Puerto Ricen, atc.)	1 1	Hack, White, etc.			
B	3 Widowed 4 Divorced					•	(STIKE			
	15. DECEDENT'S EDU (Specify only highest grade		16a. OECEDENT'S US	UAL OCCUPA	TION most of working	18b. KIND OF BU	SINESS/INDUSTR	Y			
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ᅙ	12 YRS.		AT	Home		- 1					
Ö	17. FATHER'S NAME (First, Middle, Last)	^ ;			18. MOTHER'S NA	AME (First, Middle, Maider	Surname)				
BE	PETER WILL	iam Dink	Les		21.2	ABSTH	a. Da	Vis			
	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Stree	at and Number or Rural	Route Number, City or Tox	vn, State, Zip Code	31234			
임	JOHO P. JUDIS	5 58	19 BR-	Too	RS LOUR	- Pag	Kville	MARYLAD			
	20e, METHOD OF DISPOSITION	206.	PLACE AND DATE OF I				CATION — City o				
	136 Buriel 2 Cremetion 3 Rem	noval from State come	AROLAS C	place)	Notice and N	694 Ra	1000	MARYLAM			
	21. SIGNATURE OF FUNERAL SERVICE LI		MROZIII (25/11-117	(HRY LAND)			
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BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Durs after death. Page 6 may be retained by the brospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygher prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any Inlury, or other traumatic event, the medical examiner must be medical at once.

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR CERTI	FICATE OF DEATH	REG. NO.				
1. DECEDENT'S NAME (First, Middle, Leat) GERALD T. Johnson		2. DATE OF DEATH MONTH DAY	YEAR	3. TIME OF DEATH		
4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. lest birthde) 17 - 54 - 3502 1 1 M 2 F 42 YRS.	F UNDER 1 YEAR F UNDER 24 HRS MONTHS DAYS HOURS MIN.	48.6 44. 60. 14. 4	8. BIF	THPLACE (State or Foreign		
9a. FACILITY NAME (If not institution, give street and number) BALTIMORE VETERANS HOS	96. CITY, TOWN OR LOCATION OF BALTIMORE		sc. COUNTY OF	/ a		
PRESIDENCE OF DECEDENT 10e. STATE MARYLAND 10b. COUNTY n/a 10c. C	TTY, TOWN OR LOCATION BALTIMORE			10d. INSIDE CITY VLIMITS? 1 YES 2 NO		
10e. STREET AND NUMBER 406 MANNS COURT 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 (X) YES 2 NO	101. ZIP CODE 21202		UNITE	D STATES		
3 Widowed 4 Divorced IF YES, GIVE WAR DR DATES	PANIC ORIGIN? (Specify Yes of ican, Puerto Rican, etc.)	Bi	ock, White, etc.			
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) To father's NAME (First, Middle, Last) The property of the prop						
	18. MOTHER'S THE	NAME (First, Middle, Maiden S RESA BROV	lumeme) V N			
19e. INFORMANT'S NAME (Type/Print) DENISE OLIVER JOHNSON 6	15 N. CARRO	al Route Number, City or Town.	State, Zip Code) BALT	0,MD 21217		
	E OF DISPOSITION (Name of		ATION — City or			
21. SHOWATURE OF FUNERAL SERVICE LICENSER	22. NAME AND AODRESS OF		-	NORTH AVE		
immediate cause (Final disease or condition resulting in death) Sequentially list conditions, if any, lasding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST immediate cause. Consequence or Injury that initiated events resulting in death) LAST	Sastoma	onia)		interval Between Onset and Death 48		
PART II. Other significant conditions contributing to death but not resulting	g in the underlying cause given	PERFORM	ED?	4b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE		
		1 □ YES 2 (No.	OF DEATH?		
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	26. PLACE OF OEATH (
III 1 III NATURAL S Pending	4 Nursing Home 5 Residence 1 Residence 28c. INJURY AT WORK? 1 YES 2 NO	28d. OE\$CRIBE HOW IN.	JURY OCCUREO	/		
2 Accident Investigation 3 Suicide 6 Could not be determined 28a. PLACE OF INJURY — Al home, farm building, etc. (Specify)		281. LOCATION (Street an City or Town, State)	nd Number or Run	al Route Number,		
29a. CERTIFIER (Check only orre) 2 MEDICAL EXAMINER: On the besis of examination and/or investige				e(a) and manner as stated.		
30. NAME AND APPRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (7)	29c. LICENSE N 2150 Stoff LINI'C P	wact #5926	29d. DATE SIGN	ED (Month, Day, Year)		
	edical Center.	Baltime	orl,1	us		
JUN 13 1994 John Seriem Russe						

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within our stear death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 buris after death with the State Dept. of Health and Merital Hygher principle are not removal.

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.								
	1. DECEDENT'S NAME (First, Middle, Last)		-			2. DATE OF DEATH			OF DEATH
	MICHAEL	JOHNSO	\sim			б –	7 -	94 n/	a m
DIRECTOR	4. SOCIAL SECURITY NUMBER 1 / a	5. SEX 6. AGE (In yrs. lest birthday) YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Jan. 7,	1994	BIRTHPLACE (S Country) MARYLAN	
	9a. FACILITY NAME (If not institution, give st	reet and number)		_	OR LOCATION OF DE			Y OF OEATH	VD.
	FRANKLIN SOUARE H	OSPITAL		BALTI	MORE		N/	A	
H H	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS?								
		/A	BA	LTIMORE		_			S 2 NO
FUNERAL	10e. STREET AND NUMBER			101	ZIP CODE			N OF WHAT COL	JNTRY?
NEI NEI	1401 AISQUITH ST				21202			.S.A.	
BY FUI	1. MARTIAL SIATUS 1 X Never Married 2 Married 3 Widowed 4 Divorced	Married FORCES? 1 YES 2 NO If yes, speci			ENDENT OF HISPANIC ORIGIN? (Specify Yas or No—lofty Cuban, Maxican, Puarto Rican, etc.) 14. RACE — Amer Black, White, Specify: Specify: BLA			etc.	
E	15. DECEDENT'S EDUC (Specify only highest grade	CATION	16a. DECEDENT'S	USUAL OCCUPATION	ON	16b. KIND OF E	USINESS/INDU		
	Elamentary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT us		ist or working				
COMPLETED	N/A	N/A		N/A		N/A	1		
6 111	17. FATHER'S NAME (First, Middle, Last) MICHAEL JOH!	NSON, SR.			18. MOTHER'S NA	ME (First, Middle, Maid KA WRI(
TO BI	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a	nd Number or Rural	Route Number, City or 1	own, State, Zip C	ode)	
	GLADYS HOLMAN		1401	AISQUITH	ST./BAL	TIMORE, M	ID 2120	2	
ž	20a. METHOD OF DISPOSITION 1 X Burial 2 Cremation 3 Ramo		PLACE AND DATE O		nme of	DATE 20c.	LOCATION — CI	ly or Town, State	
	4 Donetion 5 Other (Specify)		CING MEMO	RIAL PA			NDALLST	OWN, MI)
200111111111111111111111111111111111111	21. SIGNATURE OF FUNERAL SERVICE LIC	tox		MARCH	F.H. ea: NORTH		IMORE,	MD 212	02
CERTIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Sequentielly list conditions, if any, lesding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	B. DUE TO (OR AS A	Sch line. The Le Consequence of Con	Ţ;	or or aying, suc	in as condict of lea	priatory error	Or	pproximate terval Between nset and Desth
E E	resulting in deeth) LAST	d							
PHYSICIAN: MEDICAL CE	PART II. Other significant condition DI GCOTGES	Synappe				PERF 1 YES	AN AUTOPSY ORMED? 2 NO	AVAILABI COMPLE OF DEAT	UTOPSY FINDINGS LE PRIOR TO TION OF CAUSE TH?
AN	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO								
YSICI	EXAMINER? 1 YES 2 NO	HOSPITAL:		OTHER:	ACE OF DEATH (Ch				
5 ×	27. MANNER OF DEATH	1 ☐ Inpetient 2 ☐ ER/Outs	28b, TIM			6 Other (Specify) 28d, DESCRIBE HON	V IN ILIBA OCCII	DED.	
	1 Natural 5 Pending	(Month, Day, Year)		URY WO	YES 2 NO	200. DESCRIBE NO	V INSUNT OCCU	HED	
TED BY PH	2 Accident / Investigation 3 Suicida 6 Could not be 4 Homicide detarminad	28e. PLACE OF INJURY — At home, tarm, street, factory, office be building, atc. (Specify) 28t. LOCATION (Street and Number or Bural Boute Number, City or Town State)			iber,				
BE COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occurred at the time, data and piece, and due to the cause(a) and menner as stated.								
၂၀၂	29b, SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUI			SIGNED (Month, L	744
	Patr RT	W LEDILL	MICIAN		D#49		> 1	19194	ray, rowly
일	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type,	Print)	- ~ I /	UU	1 6	11 1 1	
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TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 25-70 are after death. Page 6 may be retained by the hospital or attending physician. TO THE KINERAL DINECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, be filed within 72 hours after death with the Islate Dept. of Health and Mental Hydine prior to burial, cremation, or removal. IMPORTANT: If Item 28 imarked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH IACQUELINE JORDAN 7. DATE OF BIRTH 8. BIRTHE Country DE (State of Foreign 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 1 | M 2 | F HOURS YRS. 217-22-9630 96. CITY, TOWN OR LOCATION OF DEATH 3/15/29 9e. FACILITY NAME (If not institution, give street end number) 9c. COUNTY OF DEATH DIRECTOR St. Agnes Hospital Baltimore 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD Baltimore 1 X YES 2 NO FUNERAL 10s. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1937 Deering Avenue 21230 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 X Merried If yes, specify Cuben, Mexican, Puerto Ri 1 YES 2 NO Specify: ВУ IF YES, GIVE WAR OR DATES Specify: 3 Widowed 4 Divorced white COMPLETED 15. DECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe Elementary/Secondery (0-12) College (1-4 or 5+) Homemaker Self notified at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surneme) George Schell BE Mary E. Harshman 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 Orville G. Jordan 1937 Deering Avenue, Baltimore, MD pe 20a, METHOO OF DISPOSITION

1 Description | Method | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burner | Burn 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of OATE must Olivet Cemetery 6/14 Frederick, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY Ambrose Funeral Home, Inc. 1328 Sulphur Spring Rd., Arbutus, MD 21227 medical 23. PARTA. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximete shock, or heert feliure. List only one cause on each line. Intervel Between MMEDIATE CAUSE (Finel Onset end Death in e diseese or condition resulting in death) RESPIRATORY FAILURE event, Weeks DUE TO (OR AS A CONSEQUENCE OF) or other traumatic PHYSICIAN: MEDICAL CERTIFICATION ARDS 1 Month Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST or Item 23 shows any Injury, PART ii. Other aignificant conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO Sepsis COMPLETION OF CAUSE YES 2 NO Renal Failure YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:

| Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 - YES 2 1 NO 4 - Nursing Ho me 5 - Residence 8 - Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 26d. DEŞCRIBE HOW INJURY OCCURED marked, 1 X Natural 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) 3 Suicide 28t. LOCATION (Street and Number or Rural Route Number, City or Town, Stete) COMPLETED 8 Could not be 4 Homicide 29e. CERTIFIER
1 CERTIFYING PHYSICIAN: To the best of my knowledge, deeth occurred at the time, date end place, end due to the cause(e) end manner ee stated. 2 MEDICAL EXAMINER: On the basis of examiner end/or investigation, in my opinion, death occured at the time, date end place, and due to the cause(e) and menner ee stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. OATE SIGNEO (Month, Day, Year) BE 2 D30802 6/10/94 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Jean M. Colandrea St. Agnes Hospital 900 Caton Ave., Raltimore, ILEO (Month, Day, Year) 422. REGISTRAR'S SIGNATURE JUN 13 1994 his Daniem Rondoll

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attending physician. BALTIMORE, MARYLAND 21215-0020

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DIVISION OF VITAL RECORDS. P.O. BOX 68760

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. Thours after death, Page 6 may be retained by the hospital or	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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31. DATE FILEO (Month, Day, Year)
JUN 13 1994

32. REGISTRAR'S SIGNATURE

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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. OECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF OEATH 4. SOCIAL SECURITY NUMBER Groves 630 P Johnson 94 8. AGE (In yrs. last birthday) 5. SEX 7. DATE OF BIRTH (Month, Day, Year IF UNDER 1 YEAR | IF UNDER 24 HRS 1 - M 2XX DAYS HOURS 577-20-0810 8-26-1921 Maryland 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 8857 Heron's Flight Laurel Howard 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? 1 YES XX NO **Virginia** Northumber land Heathsville FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? Route 3, Box 65N 22473 U.S.A. 11. MARITAL STATUS 12. WAS OECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENOENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Merried 2 X Married BY Specify: 3 Widowed 4 Divorced White COMPLETED 15. OECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRO (Specify only highest ive kind of work done Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5 +) 12 Office Manager Real Estate 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) notified at Vincent Gaither Mullican BE Grace Kanode 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING AOORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Neil Johnson Box 292, Heathsville, Virginia 22473 pe 200. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION -- City or Town, State medicai examiner must Buriel 2 Cremation 3 Rem Donetlon 5 Other (Specify) Quantico National Cemetery 6-13-94 Quantico, Virginia 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Jones-Ash Funeral Home 8 P.O.Box 276, Heathsville, VA 22473 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory erreet, Approximate shock, or haert failure. List only one cause on each line IMMEDIATE CAUSE (Finei Onset and Death other traumatic event, the disesse or condition_ Myelmenous resulting in daeth) psis CERTIFICATION Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF): if sny, leading to immediate cause. Enter UNDERLYING **CAUSE** (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST Item 23 shows any injury, or PART II. Other eignificant conditions contributing to deeth but not resulting in the underlying ceuse given in Pert I. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH? 1 TYES 2 NO 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER 1 TES 2 NO 1 | Inpstient 2 | ER/Outpstient 3 | DOA 8 Other (Specify) 0 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED item 28 is marked, 1 Natural 1 YES 2 NO BY Accident 28e. PLACE OF INJURY — At home, term, street, tectory, office building, stc. (Specify) 3 Suicide 28t, LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Homicide 29e. CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, desth occurred at the time, date and place, and due to the cause(e) and menner as stated. be filed within 72 ho IMPORTANT: If It 2 MEDICAL EXAMINER: On the besie of ex investigation, in my opinion, death occured at the time, date end place, and due to the cause(e) and menner ea stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c, LICENSE NUMBER 29d. OATE SIGNED (Month, Day, Year) **BE** 45/02 6,7,94 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, 225. Greene mary and Cancer Ctuter University of B. MATAR, MD

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within an hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH	3. TIME OF DEATH	
	MARGARST	R- KAFKA - ALSA	2is	JUN 8 1994	AR M	
	4. SOCIAL SECURITY NUMBER		F UNDER 1 YEAR IF UNDER 24 HRS.		BIRTHPLACE (State or Foreign Country)	
	216 32 5136	t □ M 2 🔀 F 💍 YRS.	ONTHS BAYE HOURS MIN.	JAn. 24 1934 1	PARYLAND	
	9a. FACILITY NAME (If not institution, give s	treet and number) 9	b. CITY, TOWN OR LOCATION OF DE	NTH 9c. COUNTY	OF DEATH	
FUNERAL DIRECTOR	302 K106LEY	KOAD	Timonium	BALT	limare	
[[[[RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY	10c. CITY.	TOWN OR LOCATION		10d, INSIDE CITY	
뜸	Maryland BA	Wimors I			LIMITS?	
٦	10e, STREET AND NUMBER	ATTIONS	101. ZIP CODE	10g, CITIZEN	OF WHAT COUNTRY?	
EB/	302 RiOLL	EY ROAD	21000	1)	A 2	
3	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S. ARMED	13. WAS DECENDENT OF HISPANI		RACE — American Indian,	
BY F	1 Never Married 2 Merried	FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	If yea, specify Cuban, Maxican 1 YES 2 NO Specify:		Black, White, atc. Specify:	
	3 Wildowed 4 Divorced				STIHW	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	completed) (Give kind of wor	k done during most of working	16b. KIND OF BUSINESS/INDUST	RY	
"	Elementary/Secondary (0-12)	College (1-4 or 5+)	- 11			
N N	17. FATHER'S NAME (First, Middle, Lest)	H1	HOME	NE (First, Middle, Maiden Surname)		
	GEORIS H. F.	· 70= 8 18	C) O B	C A P STA		
BE	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING AI	DDRESS (Street and Number or Rural R	oute Number, City or Town, State, Zip Coo	(OZ)	
2	MARGIE A. KAF		mmell Ave 1	BALTE MARYL	ano alant	
	20a. METHOD OF DISPOSITION	20b. PLACE AND DATE OF		DATE 20c. LOCATION - City		
	4 Donation 5 Other (Specify)	cemetery, crematory or othe		16-13 Timerium	n MARYLAND	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	22. NAME AND ADDRESS OF FAC	ILITY	4 11 11 11 11 11	
	1/20 15	X X	EVANS CHARL			
	23. PART i. Entar tha disesses, pr	complications that caused the death. Do not	anter the mode of dving, such	as cardiac or raspiratory arrest.	Approximats	
	shock, or heart fallure.	List Only Dna cause Dn sach line.		AND CONTRACTOR OF THE PARTY OF	intarval Between Onset and Desth	
	iMMEDIATE CAUSE (Final disease or condition	Intraceze &	rol Hon	orrhage	10/15/2011	
ľ	reaulting in dasth)	a. M + CA CE ZE 6 DUE TO (OR AS A CONSEQUENCE OF):	TOLI ITOM	orringe	MINUMA	
Z	Samuelle les mation Veners Malformation Years					
CERTIFICATION	Sequantisily list conditions, if any, leading to immediate	DUE TO (OR AS A CONSEQUENCE OF):	•	U	1	
2	CAUSE (Disesse or injury	c. DUE TO (OR AS A CONSEQUENCE OF):				
Ē	that initiated aventa resulting in death) LAST	DUE TO (OH AS A CONSEQUENCE OF):				
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AL	PART ii. Other significant condition	s contributing to death but not resulting in	the undariying cause given in I	Part i. 24s. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO	
PHYSICIAN: MEDIC				1 YES 2 NO	COMPLETION OF CAUSE DF DEATH?	
ME				_	1 TYES 2 NO	
ä						
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF DEATH (Che	ck only one)		
YSI	1 TYES 2 NO	1 Inpetient 2 ER/Outpetient 3 DOA 4	☐ Nursing Home 5 K Rasidenca (B ☐ Other (Specify)		
F	27. MANNER OF DEATH 1 X Natural 5 Pending	26s. DATE OF INJURY (Month, Day, Year) 28b. TIME (INJUR	TY WORK?	28d. DESCRIBE HOW INJURY OCCUR	ED	
ВУ	2 Accident Investigation	28a DI ACE OF IN HISV. As home form the	" TES 2 NO			
8	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At home, farm, stre building, etc. (Specify)	et, factory, offica	281. LOCATION (Street and Number or F City or Town, State)	Rural Route Number,	
Ē	29a. CERTIFFIER (Check only CERTIFFING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated.					
COMPLETED	(Check only TE CENTIFTING PHYSI					
8	one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated.					
BE	296. SIGNATURE AND TITLE OF CERTIFIES	Liones M	29c. LICENSE NUM	BER 29d. DATE SH	GNED (Month, Day, Year)	
2	30, NAME AND MODRESS OF PERSON WIL	O COMPLETED CAUSE OF DEATH (ITEM 27) (Type, P.	1//95	07 100	499190	
	DR SUMALLE					
	OR. EVANGLOS LIGNOS 7801 YORK ROAD - TOWSON 31. DATE FILED (HOPIN, Day, Mar) 32. PEGETRAPS SIGNATURE JUNE 1 3 1994 JUNE 1 3 1994					
		1 1 3-3				

DRE, MARYLAND 21215-0020	may be retained by the hospital or attending physician.	or, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
LTIM	eath. Page	uneral direc
BA	ours after de	in by the fir removal.
	0	filled on, o
DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

	Matoure	ANCHOR, LAND	aves	Margare	t	Keys		2. DATE OF DEATH	DAY CA ICK	YEAR	3. TIME OF DE
	4. SOCIAL SECURITY NUM 214-54-3		# SEX 1 □ M 2/€ F	6. AGE (0.77).	lest birthday) YRS.	IF UNDER 1 YE WORTHS DA	CONTRACTOR CONTRACTOR	7. DATE OF BIRTH (Month, Day, Year).	1 101	8. BIRTH Country V11	PLACE (State or
стов	9a. FACILITY NAME (# not) Sinai Ho	spita			Œ		wn or location of D timore	EATH	9c. COL	JNTY OF D	EATH
DIREC	10a. STATE MD.	10b. COUNT	Υ		10c. CIT	ry, town on L Bal	ocation timore				10d. INSIDE CITUMITS?
ERAL	1818 Wal		Avenue	T TT	II.	Maj .	10f. ZIP CODE 21217	Jun 117	10g. Ci	U.S	WHAT COUNTRY
BY FUN	11. MARITAL STATUS 1 Never Married 2 31 Wildowed 4 Div	_	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2 2		If ye	DECENDENT OF HISPA a, apecify Cuban, Mexico YES 2 NO Specifi	an, Puerto Rican, etc.)	Yea or No—		American In k, White, atc.
PLETED	15. DE (Specify or Elementary/Secondary UNKNOWN	CEDENT'S EDU nly highest grad (0-12)	JCATION completed) College (1-4 or 5		(Give kind of We. Do NOT u	WORL OCCU work done during use retired.) nestic	g most of working	18b. KIND OF E	BUSINESS/IN	DUSTRY	
E COMPL	17. FATHER'S NAME (First, I) Wesley		L.		F		The state of the s	ME (First, Middle, Maidle) e Page	en Sumame)		
TO BE	190. INFORMANT'S NAME (ırsh	1	1818	B Walt	reet and Number or Rural		own, State Z	© Cod 1	217
	20a. METHOD OF DISPOSI	ITION Non 3 - Ren	noval from State	20b. PLAC	E AND DATE	OFDISPOSITIO	N(Name of Cemetery	76/9 ^T 54 20c.	LOCATION -		
	4 Donation 5 Other 21. SIGNATURE OF FUNER		CENSEE			1	L.Phillip	1 1 1	21-2		
	23. PART I. Enter the	diamena an						na	TCO.	, LID .	7171
	shock, or immediate cause (Findiseese or condition resulting in death)	heart feliure.	e.	et coused the	deeth. Do ne.	not enter the	mode of dying, suc	ch sa cardiec or res	spiretory s	rest,	Approxi
RTIFICATION	iMMEDIATE CAUSE (Fi	heart fellure.	e. Due to	et coused the duse on each Ili	SEQUENCE C	not enter the	mode of dying, suc	ch sa csrdlec or rei	spiretory s	rest,	Approxi
MEDICAL CERTIFICATION	shock, or immediate the shock, or immediate the disease or condition resulting in death) Sequentially list condition and if any, leading to immediate. Enter UNDERLY CAUSE (Disease or injury that initiated events	itions, ediete ying jury	e. DUE TO DUE TO DUE TO	OR AS A CONS	deeth. Do ne. SEQUENCE O	not enter the	emode of dyling, such	ch sa csrdiec or rei	AN AUTOPSY ORMED?	rrest,	Approxi- Interval Onset e Wee Wee Were Autopsy Amalable Praic Completion o OF DEATH?
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PHYSICIAN: MEDICAL C	shock, or immediate cause (Fi diseese or condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) taken cause. Enter UNDERLY CAUSE (Disease or Injury in the Initiated events resulting in death) taken cause. PART II. Other signification in the cause in the ca	itions, edilete YING lury	e. Due to b. ASP Due to c. Cerel d. ne contributing to	OR AS A CONS OB AS A CONS OB AS A CONS OB AS A CONS OB AS A CONS OB AS A CONS OB AS A CONS OB AS A CONS OB AS A CONS OB AS A CONS OB AS A CONS OB AS A CONS	SEQUENCE O	OF): In the under OTHER: 4 Nursing	emode of dying, such	Pert i. 24a. WAS. PERF 1 YES	AN AUTOPSY ORMED?		Approxi- Interval Onset e Wee Wee Were Autopsy Amalable Praic Completion o OF DEATH?
TED BY PHYSICIAN: MEDICAL C	shock, or immediate course (immediate cause (immediate) immediate condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition cause. Enter UNDERLY CAUSE (Disease or Injury in the Initiated events resulting in death) LA: PART II. Other signification cause. Examiner? 1	itions, ediete YING jury ST Cent condition	e. DUE TO b. ASP DUE TO c. DUE TO d. DUE TO d. DUE TO DUE TO d. DUE TO 28a. DATE OF (Month, D. 28a. PLACE OF 28a.	OR AS A CONS OB AS A CONS OB AS A CONS OB AS A CONS OB AS A CONS OB AS A CONS OB AS A CONS OB AS A CONS OB AS A CONS OB AS A CONS OB AS A CONS OB AS A CONS	deeth. Do ne.	OF): In the under OTHER: 4E OF JURY M 1	iying cause given in the place of Death (Cr. Home 5 Residence 1. INJURY AT WORK?	Pert i. 24a. WAS. PERF 1 YES	AN AUTOPSY NO	24b	Approximatery and the second s
D BY PHYSICIAN: MEDICAL C	shock, or immediate the second of the second	itions, ediete ying jury .sT	e. DUE TO b. ASP DUE TO c. CPE DUE TO d	of coused the cuse on each list coused the cuse on each list of the couse of the couse of the couse of the couse of the cuse o	deeth. Do ne.	OF): In the under OTHER: 4 Nursing AE OF 28c JURY M 1 streef, factory,	iying cause given in the place of Death (Cr. Home 5 Residence 1. INJURY AT WORK?	Pert i. 24a. WAS. PERF 1 YES 6 Other (Specify) 28d. DESCRIBE HOV. City or Town, Ste	AN AUTOPSY ORMED? 2 NO V INJURY OX vi and Number or and Number or and Number or and Number or an anner or as statement of the statement of	24b	Approximatery of the control of the

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	BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiens prior to burial, cremation, or removal.	e medical examiner must be notified at once.
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	1 - FOR STATE REGISTRAR	STATE OF MA	ARYLAND	/ DEPARTM	ENT OF H	EALTH AND I	MENTAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Lest)	Grace	С.	Kried			2. DATE OF DEATH	10.	YEAR 1994	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 212 ≈ 07 ≈ 1406 90. FACILITY NAME (If not institution, give	1 🗆 M 2 💢 F	8. AGE (In yrs.	YRS. MOI	UNDER I YEAR ITHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 01 ↔ 22 ↔ 19	13	8. BIRTHP Country)	yland
HO!	Riverview Nursi			96.		R LOCATION OF DE	EATH		timo)	
DIRECTOR	106. STATE 106. COUNTY 10c. CIT				OWN OR LOCAT	Dunda	10d. INSIDE CITY LIMITS? 1 □ YES ★(X) NO			
FUNEHAL	100. STREET AND NUMBER 7450 Lawrence Ro	oad			101	ZIP CODE 212	222			ed States
BY FU	11. MARITAL STATUS 1 Never Merried 2 X Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☒ NO IF YES GIVE WAR OR DATES					IIC ORIGIN? (Specify Yen, Puerto Ricen, etc.)	s or No—	14. RACE Black, Specify	- American Indian, White, etc.
LEIEU	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	JCATION e completed) College (1-4 or 5+)	- 1	DECEDENT'S USU (Give kind of work life. Do NOT use rel	done durina mo	N st of working	16b. KIND OF BU	ISINESS/IND	DUSTRY	Wilde
COMPLE	6th Grade 17. FATHER'S NAME (First, Middle, Last) Frederick Kaufma	72.10		Seamstre	35		ME (First, Middle, Maider	Surname)	ers	
IO BE	190. INFORMANT'S NAME (Typo/Print) Albert W. Krieger					nd Number or Rural F	Ester Cur Poute Number, City or Tov Dundalk.		Code)	
	20e, METHOD OF DISPOSITION XXBurlel 2 Cremation 3 Ren 4 Donetion 5 Other (Specify)			CEAND DATE OF DI Crematory or other I	SPOSITION (Na	me of	DATE 20c. LC	ocation -		
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	مك		22. NAME AND DUda-	D ADORESS OF FAI Ruck Fun		of D	undal	ck, Inc.
	23. PART i. Enter the diseases, or ehock, or heart failure. iMMEDIATE CAUSE (Fine) disease or condition resulting in deeth)	e. A	he is	deeth. Do not one.	enter tha mo	de of dying, such	h as cerdiec or reep	iratory err	reat,	Approximate Interval Between Onset and Death
FRIFICATION	Sequentially list conditions, if any, leading to immediate csuse. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in deeth) LAST	c		SEQUENCE OF):						
MEDICAL CE	PART II. Other eignificent condition	ns contributing to d	eeth but no	t reculting in th	ne underlying	ceuee given in	Pert i. 24a. WAS AN PERFO	RMED?		WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	DID TOBACCO USE	CONTRIBUTE	TO CAI	USE OF D		ES NO	750			YES 2 NO
FIT SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 TO O 27. MANNER OF DEATH	HOSPITAL:		3 🗆 DOA 4	HER:		6 Other (Specify)			
5	1 Detural 5 Pending Investigation	28e. PLACE OF	Year)	26b. TIME OF INJURY	M 1 🗆 1	RK? ES 2 NO	28d. DESCRIBE HOW 28f. LOCATION (Street			the Museum
PLEIEU	4 Homicide determined	building, et	c. (Specify)				City or Town, State)		ou vumber,
5	(Check only one) 2 MEDICAL EXAMINI					eath occured at the	time, date end piece, e	nd due to th	e ceuse(s)	
200	DE NAME AND ADDRESS OF PERSON OF	Jusen	OF DEATH (I	TEM 27) (Type, Prin	t)	29c. LICENSE NUM	4604	29d. DATI	E SIGNED (Month, Day, Year)
	31. DATE FILED (Month, Day, Year) JUN 1 3 1994	Julia de	PROPERTURE OF	Pandre						

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BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 124 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2. 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation. or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

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31. DATE FILEO

32. REGISTRAR'S

in Shurden Randall

	Item/,1/ 6-13- Item19a	94 F11mG/12 W.H.	.per r/n		9	4 1/291
	FOR STATE REGISTRAR	STATE OF MARYLAND /	DEPARTMEN ERTIFICAT	T OF HEALTH AND E OF DEATH	MENTAL HYGIENE REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last)	Lockett	,		2. DATE OF DEATH DAY	YEAR 3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 2 18-12-37.76 9a. FACILITY NAME (If not institution, give st	5. SEX 6. AGE (In yrs. les	YRS. MONTHS	R t YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 1924	6. BIRTHPLACE (State or Foreign Country)
TOR	5/03 CON	ANT WAY	9b. CIT	Y, TOWN OR LOCATION OF D	EATH 9c. COU	NTY OF DEATH
DIRECTOR	10a. STATE 10b. COUNTY		10c. CITY, TOWN			10d. INSIDE CITY LIMITS? 1 PYES 2 NO
FUNERAL	2516 N. A	shland A	ve	101. ZIP CODE 2/2	10g. CIT	IZEN OF WHAT COUNTRY?
ВҰ	11. MARITAL STATUS 1 Never Married 2 Married 3 Nidowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. AF FORCES? 1 YES 2 IF IF YES, GIVE WAR OR DATES	RMED 13	WAS DECENDENT OF HISPA If yea, specify Cuban, Mexic 1 YES 2 NO Specify	NIC ORIGIN? (Specify Yea or No— an, Puerto Rican, etc.) fy:	14. RACE — American Indian, Black, White, etc. Specify:
COMPLETED	15, DECEDENT'S EDUC (Specify poly-highest grade: Elementary/Secondary (0-12)	completed) (G	ECEDENT'S USUAL (Rive kind of work done DO NOT use retired.	during most of working	16b. KIND OF BUSINESS/INI	DUSTRY
BE CO	17. FATHER'S NAME (First, Middle, Last)	Andreson		Eliz	AME (First, Middle, Malden Sumame)	Ksten
5	19a. INFORMANT'S NAME (Type/Print)	nderson	5205	S (Street and Number or Aural	Route Number, City or Town, State, Zij	o code)
	20a. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Remo 4 Donation 6 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC	cementry, cre	AND DATE OF DISPO	a Forest	OWIN	emils nd.
	Patricia X	att	22	BILL Z	eneral Hame	1139 N. 7. 1
	23. PART I. Enter the diseases, or c shock, Dr heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	omplications that caused the dalest Dnly one cause on each line Metasta DUE TO (OR AS A CONSE	hi co	the mode of dying, such		Approximata interval Between Onset and Death
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	OUE TO (OR AS A CONSE	te di	stutbence	8	launth
ERTIFIC	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSE				11100
MEDICAL C	PART II. Other significant conditions	contributing to death but not r	resulting in the u	ndarlying cause given in	Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	OTHE	26. PLACE OF DEATH (C)	neck only one)	
	1 YES 20 NO 27. MANNER OF DEATH Natural 5 Pending	1 Department 3 EnQuipetient 3 28a. DATE OF INJURY (Month, Day, Year)	DOA 4 Nu 28b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	8 Other (Specify) 28d. OESCRIBE HOW INJURY OC	CURED
TED BY	Accident Investigation Accident Investigation	28s. PLACE OF INJURY — At he building, etc. (Specify)	nme, tarm, street, tac		28t. LOCATION (Street and Number City or Town, State)	r or Rural Route Number,
COMPLETED		CIAN: To the best of my knowledge, de				
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	2011		29c. LICENSE NUI		E SIGNED (Month, Day, Year)

The man was the 200 and the property

Management of the second of th

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9c. COUNTY OF DEATH

10g. CITIZEN OF WHAT COUNTRY?

3. TIME OF DEATH

0020A

10d. INSIDE CITY

1 X YES 2 NO

- American Indian, White, etc.

ac

Approximate

246. WERE AUTOPSY FINDINGS

AVAILABLE PRIOR TO

1 YES 2 NO

29d. DATE SIGNED (Month, Day, Year)

JUNE

COMPLETION OF CAUSE

intervsi Between

Onset and Death

A BIRTHPLACE (State or Foreign

BEG. NO

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FOR STATE REGISTRAR

ITEMS: 23 PART 1, II, 27 PER MEO G-713 7/6/94 reb

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH ALVERTA LINDSAY 09 JUNE 7. DATE OF BIRTH (Month, Day, Year) A SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN -21-1 🗌 M 2 强 F YRS permit. Pages 1, 2, 3 should FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR BAYVIEW MEDICAL CENTER BALTIMORE CITY RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY TOWN OR LOCATION more FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 280 funeral director, page 5 should be detached for use as the burial-transit Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-BALTIMORE, MARYLAND 21215-0020 1 Never Merried 2 Merried If yee, specify Cuban, Mexicon, Puerto Rican, etc.) 1 YES 2 NO BY 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY abover once. 18. MOTHER'S NAME (First, Middle Ħ CI BE notified 19b. MAILING ADDRESS (Stripet and Number 9 then ne pe METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION must Buriel 2 Cremetion 3 🗆 Removal from State ☐ Donation 5 ☐ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner wirs after death. the attending physician and completely filled in by the I Mental Hygiene prior to burial, cremation, or removal. the medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory errest, shock, or hasrt fallure. List only one cause on sech line IMMEDIATE CAUSE (Finei disesse or condition resulting in death) PNEUMONIA event, The law requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 68760, DUE TO (OR AS A CONSEQUENCE OF): traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST 10 PART ii. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY MEDICAL signed by the any MYOCARDIAL FIBROSIS YES 2 | NO t, of t DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO has bu Dept. L PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one, certificate h HOSPITAL: 1XXES 2 NO OTHER: OR ATTENDING PHYSICIAN: 1 Inpatient 2 ER/Outpatient 3 DOA me 5 Residence 6 Other (Specify) 0 27. MANNER OF DEATH 28e. DATE OF INJURY with t 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, 1)(X) Natural 1 YES 2 NO After til BY Investigation 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 99 COMPLETED 8 Could not be DIRECTOR: A 4 Homicide Item 29e CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the ceuse(e) end menner ee stated. FUNERAL (within 72 h HOSPITAL TO THE FUNERAL be filed within 72 IMPORTANT: II e of examination end/or investigation, in my opinion, death occured at the time, date end plece, end due to the ceuse(e) end menner ee stated. 296) SIBNAÇUNE AND TÉTLE OF 29c. LICENSE NUMBER THE P BE O.C.M.E. 9 LETED CAUSE OF DEATH (ITEM 27) (Type, Print) Penn Street, Baltimore, Maryland 21201 111

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BALTIMORE, MARYLAND 21215-0020	executed within ours after death. Page 6 may be retained by the hospital or attending physici	and accordingly. Clind to be described discount discount of the state of the
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPART CERTIFIC			MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Las	st)	OLINII I	DAIL OI	DEATH	2. DATE OF DEATH		3. TIME OF DEATN
8	Madeleine Ba	rnes Lampe				June 8,	1994 YEAR	12:05 DM
- 8	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7 DATE OF BIRTH	a num	INPLACE (State or Foreign
	214-34-4559 9a. FACILITY NAME (If not institution, given	1 M 2 F 9	YRS.	NONTHS DAYS	HOURS MIN.	August 12, 1	.902 Ma:	ryland
DIRECTOR	Baptist Home Of	· ·			Mills	EATN	Baltime	
S	10a. STATE 10b. COU		10c. CITY,	TOWN OR LOCAT	ION			10d. INSIDE CITY
	Maryland Bal	ltimore			1 YES 2 NO			
FUNERAL	The state of the s	1.4.			ZIP CODE		-	WHAT COUNTRY?
빌	10729 Park Heig				21117		U.S.A	
BY FU	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES GIVE WAR OR DATES						CE — American Indian, ick, White, atc. White
	15. DECEDENT'S E	DUCATION	16a. DECEDENT'S U	SUAL OCCUPATION	ON .	16b. KIND OF BU	SINESS/INOUSTRY	
	(Specify only highest gro Elementery/Secondary (0-12)	College (1-4 or 5+)	(Give kind of wo life. Do NOT use	rk done during mo retired.)	st of working			
릴	8 years	, ,	Sales			Hecht	t's	
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)				18. MOTHER'S NA	ME (First, Middle, Maiden	Surname)	
ш	Jessie Robson E	Barnes			Rose E	Bell Mills		
10 8	19a. INFORMANT'S NAME (Type/Print)							Owings Mills
	Marie Fish (Admi					ark Heights		
	20a, METHOD OF DISPOSITION 1 N Burial 2 Cremation 3 Re	amoval from State	b. PLACE AND DATE OF emetery Grematory or other NOOCLEWN CEN	DISPOSITION (Na er place)	June 10,		CATION — City or	
	21. SIGNATURE OF MINERAL BERVICE		MOCLIAMI CAII				llawn, Mary	/Ianu
	Thomas Joseph	BOZOK	X.			efeld Home Baltimore		1.2
	23. PART i. Enter the diseases, of		ed the death. Do no	t enter the mo	de of dving, auc	h as cardiac or read	iratory arrest	Approximate
	ehock, or heart fallur iMMEDIATE CAUSE (Final disease or condition reaulting in death)	e. Let only one ceuse on	A CONSEQUENCE OF:					Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	A CONSEQUENCE OF):					
Ö	PART II. Other eignificent conditi	lone contributing to death	but not reculsion in	Ab d . d . d .		2-11		
PHYSICIAN: MEDICAL	aphasis	a dyspl	ragig,	colon	CA (rese	, Y PERFOR	RMED?	AAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 ANO
ij۱								
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28. PL	ACE OF DEATH (Ch	eck only one)		
YS	1 YES 2 NO	1 Inpatient 2 ER/Ou	tpatient 3 DOA 4	Nursing Nom		8 Other (Specify)		
ВУ РН	27. MANNEB OF DEATH 1 Netural 5 Pending 2 Accident Investigation		INJUI	M 1 🗆 '	RK? res 2 NO	28d. OEŞCRIBE HOW I	INJURY OCCUREO	
	3 Suicide 8 Could not t 4 Homicide determined	building, atc. (So	RY — At home, farm, str ecify)	eet, factory, offic	_	28f. LOCATION (Street and City or Town, State)	and Number or Rural)	I Route Number,
COMPLETED		YSICIAN: To the best of my kno INER: On the bests of exeminate						(s) and manner as stated.
8	29b. SIGNATURE AND TITLE OF CERTIF	7AAolu.	N),		29c. LICENSE NUM	MBER 10%	29d. DATE SIGNE	ED (Month, Day, Year)
٩	30. NAME AND ADDRESS OF PERSON				7			
	Theodore Houk 31. DATE FILED (Month, Day, Year)	M.D. /825		ad, Ba	Itimore	e, MD 212	204	
	JUN 1 3 1994	Juli Deniem - R						
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nours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

NG PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hospital or attanding physician.	this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	rial, cremation, or removal.	rked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exe	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician an	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to t	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other trauma

Earl	e Mitc		Earle	Watso	n Mitc	hell				2. DAT	of DEATH	4	YEAR	3. TIME OF DEATH 12:29 A
4. SOCIAL SE	ECURITY NUM	BER	5. SEX		. last birthday)		1 YEAR	IF UNDE	R 24 HRS.	7. DATE OF BIRTH			s. BIRTH	IPLACE (State or Foreign
717-	10-646	9	1 🔀 M 2 🗌 F	78	YRS.	MONTHS	DAYS	HOURS	MIN.		th, Day, Year) 20,1	915 Maryland		
9a. FACILITY	NAME (If not in	nstitution, give	street and number)			9b. CITY	TOWN C	R LOCAT	ION OF D				NTY OF O	
John	s Hopk	ins Ho	spital			В	alto	. Ci	ty					
10a. STATE 10b. COUNTY					10c. CIT	10c. CITY, TOWN OR LOCATION					-			10d. INSIDE CITY
Marvl	Maryland Balto.					Tows							- 4	LIMITS?
1	10e. STREET AND NUMBER					TOWS	_	ZIP COD	E			10g. CiT	IZEN OF V	WHAT COUNTRY?
917	917 Southerly Road							2120)4			H	U,S	Δ
	11. MARITAL STATUS			ARMED			ENDENT	OF HISPAI		N? (Specify Ye	a or No-		— American Indian, k, Whita, aic.	
				□NO				an, Maxica Specif		Rican, etc.)		Speci		
3 WILLOW				Wii										White
	(Specify on	EDENT'S EDU hy highest grade	completed)		(Give kind of life. Do NOT u	work done	during mo	ON at of work	ing	16	b. KIND OF BU	SINESS/IN	DUSTRY	
Elementar	ry/Secondary (i	0-12)	College (1-4 or 5	+)	Lt. C						Mil.	tary	Coxxx	icoc
17. FATHER'S	NAME (First, M	fiddle, Last)	-		110. 0	OI.	0.5.			ME (First	Middle, Maiden		perv	rces
	Carrol	1 M	litchell								e Watso	,		
19a, INFORM	ANT'S NAME				19b. MAILING	ADDRESS	(Street a	nd Numbe			nber, City or Tov		p Code)	
Eliz	abeth	P. App	el		911 D									
	OF DISPOSIT		owni from State	20b. PLA	CE AND DATE	OF DISPOS	ITION (Na	me of		DA	TE 20c. LC	CATION -	City or To	wn, Stata
4 Donatio	on 5 Other	(Specify)	//	Hil	rematory or o	ervi	ce C	orp.	6/1	11/94	1 To	owson	, M	d.
21. SIGNATUR	AL ALLA	L SERVICE L	CENSEE,			22.	NAME A	ID ADORE	SS OF FA		0 Yorl	Rd.	212	04
1/1 0	111 4,001					D	~1- IT		Ta		7 TT	T		
23. PART I	. Entar the d	iseasea, or	complications the	at caused the	death, Do	Ru-	ck T	OWSC	n Fu	inera	al Home	e , In	C .	Approximate
	shock, or h	eart fellure.	complications the	nt caused the	death. Do	Ru- not antar	ck T	OWSC	n Fu	inera	al Home	e , In	reat,	
IMMEDIATE disease or	shock, or h E CAUSE (Fig condition	eart fellure.	Liet only one car	use on aach	line.	not antar	ck T	OWSC	n Fu	inera	al Home	e , In	reat,	Interval Between Onset and Dea
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iMMEDIATE disease or resulting in Sequential if any, lead cause. Ent CAUSE (Oit that initiate resulting in Olig	shock, or he cAUSE (File condition in death) ity list condition in death) ity list condition in death) ity list condition in death) ity list condition in death) ity list condition in death) therefore in list condition in death) therefore in list condition in death therefore in list condition	tions, dileta ING ury ST Cenal 1	e. OVERWH DUE TO LISCHEM DUE TO LISCHEM DUE TO LOUISING L	elming O (OR AS A COM	Sepsiseouence of itis assouence of after assouence of the control	other	Omir ysm derlyin rdia 28. Pi 28. INJ 28. INJ	al ei	given in	iC all Part I.	24a. WAS AT PERFO 1 U YES :	TO LELL AUTOPSY RMED? 2 NO INJURY OC and Number	vair 24b	Interval Betwee Onset and Des
iMMEDIATE disease or reaulting in Sequential if any, lead cause. Ent. CAUSE (Dit that initiate resulting in Olig	shock, or he cause (File condition in death) ily list condition in death) liy list condition in death) liy list condition in death) sease or injuged events in death) LAS ther eignification in death) LAS ther eignification in death in death in death in lice in death in lice in lice in lice in death in lice in lice in lice in death in lice in l	ro MEDICAL Pending investigation Could not be detarmined	e. OVERWH DUE TO b. ISCHEM DUE TO c. COMPLI DUE TO d. abdomi na contributing to Eailure, HOSPITAL: 1X inpetient 2 28a. PLACE (building)	DE INJURY — A con concertion of the concertion o	Sepsinseouence of itis secouence of after iseouence of the contraction	or anter S F): abd F): aneur In the ur C'iCa OTHEI 4 Nur AE OF JURY M streel, fact	Omir ysm derlyin rdia 28. Pt R: eling Horr 28c. INJ ory, offic	and J. an	given in Efusion No	iC all Part i. iOn 8 Oth 28d. DE 28f. LO Cit.	24a. WAS AN PERFO 1 VES: CATION (Street or Town, State	TO TET A AUTOPSY RMED? 2 M NO INJURY OC and Numbe	24b	Interval Betwee Onset and Des 9 days 9 days 14 days 22 days 22 days 25 days 27 days 19
IMMEDIATE disease or reaulting in Sequential if any, lead cause. Ent CAUSE (b) that initiate resulting in Olig 25. WAS CASIE EXAMINE 1 YES 27. MANNER 1 Natu 2 Acck 3 Sudd 4 Hom 29a. CERTIFIE (Check or one)	shock, or he cause (File condition in death) ily list condition in death) liy list condition in death) liy list condition in death) sease or injuged events in death) LAS ther eignification in death) LAS ther eignification in death in death in death in lice in death in lice in lice in lice in death in lice in lice in lice in death in lice in l	conditions, idea in a condition cenal in a conditio	e. OVERWH DUE TO LISCHEM DUE TO COMPLI DUE TO COMPLI DUE TO A BODOMI ABODOMI BE CONTRIBUTED TO LISCHEM DUE TO BUE TO COMPLI DUE TO BUE TO COMPLI DUE TO BUE TO LISCHEM LISC	DE INJURY — A con concertion of the concertion o	Sepsinseouence of itis secouence of after iseouence of the contraction	or anter S F): abd F): aneur In the ur C'iCa OTHEI 4 Nur AE OF JURY M streel, fact	Omir ysm derlyin rdia 28. Pt R: eling Horr 28c. INJ ory, offic	al ei	given in Efusion No	Part I. I On Part I. On 28d. De 28f. LO Off,	24e. WAS AN PERFO 1 VES Per (Specify) SCRIBE HOW CATION (Street or Town, States Buse(a) and make and place, a	M repairement of the state of t	24b	Interval Betwee Onset and Des
IMMEDIATE disease or reaulting in Sequential if any, lead cause. Ent CAUSE (D) that initiate resulting in Olig PART II. Olig 25. WAS CASIEXAMINE 1 YES 27. MANNER 1 YES 27. MANNER 1 Home 1 Nature 1	shock, or he cAUSE (Fill condition in death) ity list condition in death) ity list condition in death) ity list condition in death) ity list condition in death) therefore death condition in death) therefore death last condition in death) E REFERRED TER? S 2 NO OF DEATH ITHE OF DEATH OF DEATH OF DEATH ITHE OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH ITHE OF DEATH	conditions of the second secon	e. OVERWH DUE TO LISCHEM DUE TO COMPLI DUE TO COMPLI DUE TO A BODOMI ABODOMI BE CONTRIBUTED TO LISCHEM DUE TO BUE TO COMPLI DUE TO BUE TO COMPLI DUE TO BUE TO LISCHEM LISC	elming O(OR AS A COM NIC COL O(OR AS A COM O	Sepsinseouence of itis secouence of after iseouence of after iseouence of itic and iting it is a secouence of itic and iting it is a secouence of itic and iting it is a secouence of iting it is a secone it is a secon	of anter SP: abd Pr: aneur In the ur Prica OTHER 4 Nur M Streel, fact on, in my of	Omir ysm derlyin rdia 28. Pt R: eling Horr 28c. INJ ory, offic	al ei	given in Efusion NO	Part I. I On Part I. I On 8 Oth 28d, De 28f, LO City to the ce time, der	24a. WAS AN PERFO 1 VES: CATION (Street or Town, State	AUTOPSY RMED? AND NO INJURY OC and Number onner ea steemed due to to 29d. DA	24b	Interval Betwee Onset and Dei

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DIVISION OF VITAL RECORDS, P.O. BOX 68/60, BAL HMORE, MARYLAND 21215-0020 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. But's after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNEXAL, UNEXLUCY, After this definitione has been signed by the artifoloring physician and completely miled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal. IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE OF MARY	YLAND / DEPARTM CERTIFIC	MENT OF H	EALTH AND M	IENTAL HYGIENI REG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH		
	GABRIEL Leo	MARTELLE	Jr,	ŀ	MONTH DAY 06 10	Y YEAR 94	6:12 A M		
			UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		PLACE (State or Foreign		
	212-03-2694 9e. FACILITY NAME (If not institution, give street and number)	83 YRS.	DAYS DAYS	HOURS MIN.	MIN. (Month, Day, Year) Country) Dec. 17,1910 Maryland				
DIRECTOR	Stella Maris			son		9c. COUNTY OF D	ilto.		
EC	10e. STATE 10b. COUNTY	10c. CITY, T	OWN OR LOCAT	ION			10d. INSIDE CITY		
듬	Maryland Balto.		Tows	n			LIMITS?		
	10e. STREET AND NUMBER			ZIP CODE		10g. CITIZEN OF			
ER/	2300 Dulaney Valley Road			21204			S.A.		
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVE	R IN U.S. ARMED	13. WAS DEC		C ORIGIN? (Specify Yee		E — American Indien,		
BY F	1 Never Married 2 Merried FORCES? 1 7:10 3. Wildowed 4 Divorced IF YES, GIVE WAR OF	ES 2 NO R DATES	II yes, sp	colfy Cuben, Mexican, 2 1 NO Specify:		Spec	k, White, etc.		
	15. DECEDENT'S EDUCATION	16e. DECEDENT'S US			16b. KIND OF BUS		ite		
COMPLETED	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)	(Give kind of work	done during mo etired.)	it of working					
립	12	Sale	S		Mfgr.	Rep.			
0	17. FATHER'S NAME (First, Middle, Last)		-	18. MOTHER'S NAM	E (First, Middle, Maiden S				
	Gabriel Leo Martell	le , Sr.		Lou	ise Brig	andi			
BE	19e. INFORMANT'S NAME (Type/Print)		DRESS (Street a		oute Number, City or Town				
임	Mrs. Rosalie Brennan	1		h Terr.	Jarretsvi		1. 21084		
	20e. METHOD OF DISPOSITION	20b. PLACE AND DATE OF D	DISPOSITION /Na	me of	DATE 200 LOC	ATION — City or To			
	1X1-Buriet 2 Cremetion 3 Removal from State 4 Donation P Other (Specify)	cemetary, crematory or other	place)	Cem 6/	12/04	Balto. N	7.04		
	21. SIGNATURE OF FUNERAL SERVICE LICENSON	//		D ADDRESS OF FACI	LITY				
	Monald Chelasu &	,			1050 Yor uneral Hom		.204		
CERTIFICATION	resulting in death) a. DUE TO (OR A Severe Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury	Arterioso A consequence of): Arterioso A consequence of):		is			interval Batwean Onaet and Daeth		
CERT	resulting in death) LAST								
PHYSICIAN: MEDICAL	PART II. Other eignificant conditions contributing to decided	but not resulting in t	ha underlying	cause given in P	PERFORI	MED?	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
N: W					-		1 PES 2 NO		
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	/ /		ACE OF DEATH (Chec					
Z	1 YES 2 NO 1 Inpetient 2 ERIO	upstient 3 DOA	Nursing Hom	5 Residence 6	Other (Specify)				
ВУ РН	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28b. TIME O	F 28c. INJ WO	JRY AT	28d. DESCRIBE HOW IN	JURY OCCURED			
	3 Suicide 6 Could not be determined 28e. PLACE OF INJU building, etc. (S	Ry — I home, term, stree	et, factory, office		261. LOCATION (Street ar City or Town, State)	nd Number or Rural	Route Number,		
COMPLETED	29e. CERTIFIER (Check only one)								
ő	one) 2 MEDICAL EXAMINER: On the beele of examina	tion end/or investigation, i	n my spinlon, d	ath occured at the ti	me, date end placa, and	due to the ceuse(s	a) and menner ee stated,		
B	29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NUMB	504	29d. DATE SIGNED	(Month, Day, Year)		
0	30 Name and address of Person who completed cause of Eddie Nakhuda 2300 Dula			Towso	n, Maryl	and 212	204		
	31. DATE FILED (NOTE) DEN 1007 32. RE STARRE	Holes Andre							

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physician.	
attending	
hospital or	
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tained	

FOR

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within an and location of the form. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - REGISTRAR CERTIFICATI	E OF DEATH	REG. NO.	
	1. DECEDENT'S NAME (First, MICHIGO, Last) E. Mc CLELLA!		DATE OF DEATH	3. TIME OF DEATH
		1	UNE 1,199	9 M
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthdey) F UNDER MONTHS WONTHS	DAYS HOURS MIN.		BIRTHPLACE (State or Foreign Country)
	0.020.7		UNE 18, 1903	BALTO, MO.
DIRECTOR	9a. FACILITY NAME (If not Institution, give street and number) 10313 MALCOLM CIR. CO RESIDENCE OF DECEDENT	CKEYSVILL	E BA	UTO. CO,
EC	10a. STATE 10b. COUNTY 10c. CITY, TOWN	OR LOCATION		10d. INSIDE CITY
	MARYLAND BALTIMORE CO, COC	KEYSVIUE 101, ZIP CODE	<u> </u>	1 TYES 2 NO
FUNERAL	10313 MALCOLM CIR. APT. K	21030	U,	OF WHAT COUNTRY?
BY FU	1 Never Married 2 Married FORCES? 1 YES 2 MARRIED	WAS DECENDENT OF NISPANIC O If yea, specify Cuban, Maxican, Pu 1 YES 2 NO Specify:	RIGIN? (Specify Yea or No — 14. ierto Rican, etc.)	RACE — American Indian, Black, White, etc. Specify:
	15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL O	CCUPATION	18b. KIND OF BUSINESS/INDUST	TRY -
COMPLETED	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) (Give kind of work done life. 9o NOT use retired.)	during most of working		
N	17. FATNER'S NAME (First, Middle, Last)	18 MOTHED'S NAME /	First, Middle, Maiden Surname)	
BE C	JOHN C. MATHIAS	SARAI	4 SHEFF	ER
10	196. INFORMANT'S NAME (Rype/Print) 196. INFORMANT'S NAME (Rype/Print) 196. INFORMANT'S NAME (Rype/Print) 196. INFORMANT'S NAME (Rype/Print) 196. INFORMANT'S NAME (Rype/Print)	S (Street and Number or Rural Route	Number, City or Town, State, Zip Co.	de)
	20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSI	SITION (Name of	DATE 20c. LOCATION - City	or Town, State
	1 Serial 2 Cremation 3 Removal from State 4 Donation 6 Other (Specify)	uty memo	6-9 COCKEYS	VILLE, MD.
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE LIC. # 22.	NAME AND ADDRESS OF FACILITY	VERLAYS ST	MAST IN M
	23. PART LIEnts the diseases, or complications that caused the deeth. Do not enter	the mode of dying, such as	cerdlec or reepiratory arrest	Approximate
	ahock, or heert fellure. Lietonly one ceuse on each line. IMMEDIATE CAUSE (Finel			Interval Between Onset and Death
	disease or condition Av I	amd. 5. 20 0 0 11	In discar	Oliset and Death
	DUE TO (OR AS A CONSEQUENCE OF):	2-1 600 0 43 6 64	to. Galcont	
z				
CERTIFICATION	Sequentielly list conditione, if eny, leeding to immediate DUE TO (OR AS A CONSEQUENCE OF):			
호	cause. Enter UNDERLYING CAUSE (Disease or injury			
Ë	that initiated events PUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST			
5	d			
	PART II. Other significent conditions contributing to death but not resulting in the un	nderlying ceuse given in Part	I. 24s. WAS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS
<u>B</u>	Consistrir Heart Failure	101 101 111	PERFORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
입			1 TYES 2 NO	OF DEATH?
PHYSICIAN: MEI				1 YES 2 NO
ĕ	25. WAS CASE REFERRED TO MEDICAL	28. PLACE OF DEATN (Check o	rife cons)	
35	EXAMINER?	R:		
ΞÌ	27. MANNER OF DEATN 28s. DATE OF INJURY 28b. TIME OF	aling Home 5 Residence 6 28c. INJURY AT 28d	I. DESCRIBE NOW INJURY OCCUR	FO
	1 Natural 5 Pending (Month, Day, Year) INJURY	WORK?		
D BY	3 Suicide 28 Could at 28e. PLACE OF INJURY — At home, farm, atreet, fac	tory, office 28f.	LOCATION (Street and Number or I	Rural Route Number,
COMPLETED	4 Nomicide detarmined building, atc. (Specify)		City or Town, State)	
P.E.	29a. CERTIFIER (Check only 1 CERTIFYING PNYSICIAN: To the beat of my knowledge, death occurred at the	time, data and place, and due to the	ne cause(a) end manner as stated.	
S	one) 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my			suse(e) end manner as stated.
Ö	296. SUBNATURE AND TITLE OF CEMPIFIER	29c. LICENSE NUMBER	29d, DATE SI	GNED (Month, Day, Year)
∞	Samp Joseph no	02663	7 1 61	7194
임	AG NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (1700, Print)	0.3	20	
B	DK. BATTY JOSEPH 760	DO OSLE	KUK.	
	31. DATE FILED (Month, Day, Year) 32. AGGISTRA'S SIGNATURE JUNE JUNE JUNE JUNE JUNE JUNE JUNE JUNE			
	JUNI T O 1993			

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within an order death. Page 6 may be retained by the hospital or attending physician.

THE CHIEDAL FURGETTION Aleas this configure has been already by the attending the case as the business and commission filled in but the function made 5 should be desirabled for use as the business and commission.

1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	REGISTRAR		CERTII	-ICALE (OF DEATH	REG. NO	•			
	1. DECEDENT'S NAME (First, Middle, Last) GLORIA	A.	МО	YER		2. DATE OF DEATH	994 YE	3. TIME OF DEATH 5:40 pm		
	4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. lest birthday,	IF UNDER 1 YE		7. DATE OF BIRTH (Month, Day, Year)	- 08	HRTHPLACE (State or Foreign ountry)		
OR	9a. FACILITY NAME (if not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DE									
5	RESIDENCE OF DECEDENT									
L DIRECTOR	100. STATE 10b. COUNTY 10c. STREET AND NUMBER	Sani		7,00L2	RIVER			10d. INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL	ab Gentian L	20A			21220		10g. CITIZEN OF WHAT COUNTRY?			
BY FUI	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 _ IF YES, GIVE WAR	YES 200 NO	If ye	DECENDENT OF HISPAP a, specify Cuban, Mexica YES 2 NO Specify			RACE — American Indian, Black, White, atc. Specify:		
TED	15. DECEDENT'S EDU (Specify only highest grade	completed)	16a. DECEDENT' (Give kind of life, Do NOT	work done durin	PATION g most of working	16b. KIND OF BU	SINESS/INDUST	TY IZ		
COMPLETED	Elamentary/Secondery (0-12)	College (1-4 or 5+)		2moth						
COM	17. FATHER'S NAME (First, Middle, Last)		_		18. MOTHER'S NA	ME (First, Middle, Malden	Sumame)			
BE		SORRENI			1.14	RY I'IA	010			
TO BI	19e. INFORMANT'S NAME (Type/Print)		19b. MAILIN	G AODRESS (St	eet and Number or Rural	Route Number, City or Tow	n, State, Zip Code	OLDON()		
	HOTHOW W. I	DYER	3663	OLIA	LANE	1:00LERi	VSR I	PRYLAND		
	20e, METHOD OF DISPOSITION Surial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)		20b. PLACE AND DATE cemetery, crematory or PARKWO	other place)	YRZIE	6-13 PAG	CATION - CITY O	MARYLAND		
	21. BIORNTURE OF FUNERAL BERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY EVANS CHAPLOF PLOORILS									
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate									
	shock, or heart fellure. IMMEDIATE CAUSE (Finel disease or condition	List only one ceuse	on each line.	not officer the	mode of dying, sac	ir ee cerdiac or reep	naiory sirest,	interval Between Onset and Death		
	disease or condition resulting in death) a. <u>CARDIAC ARREST</u> Due To (or as a consequence of):									
	Sequentially list conditions, if any, leeding to immediate	DUE TO (O	SS ELECTRIC R AS A CONSEQUENCE (OF):				20 MIN.		
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST		E MYOCARI R AS A CONSEQUENCE		ARCTION			20 MIN.		
岜		d								
	PART II. Other eignificant condition	s contributing to de	eth but not resulting	In the under	lying ceuse given in			24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO		
EDICAL	ENDOMETRIAL CARCINOMA 1 Yes 2 No									
AN: MEC	DID TOBACCO USE (CONTRIBUTE 1	TO CAUSE OF					1 □ YES 2 Ø NO		
1 2	EXAMINER?	HOSPITAL:		OTHER:	8. PLACE OF DEATH (Ch					
PHYSICIAN	27, MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF IN. (Month, Day,		ME OF 28c	Nome 5 Residence INJURY AT WORK? YES 2 NO	8 U Other (Specify) 28d. DESCRIBE NOW I	NJURY OCCURE	D		
ED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF II building, etc	NJURY — At home, ferm, (Specify)			28f. LOCATION (Street a City or Town, State)	TION (Street and Number or Rural Route Number, Town, State)			
BE COMPLETED BY PHYSIC						to the cause(s) and mai		rse(e) end manner sa stated.		
BE CO	29b. SIGNATURE AND TITLE OF CERTIFIES		Vioro		29c. LICENSE NUI		29d. OATE SIG	NED (Month, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON WN FRANCIS T. KHOO	O COMPLETED CAUSE	OF DEATH (ITEM 27) (Typ	e, Print) L. 7620		TOWSON 2				
	31. DATE RINFO Month Day Visit			_,						
	JUN 1 3 1994	Julia Devi	SIGNATURE - FUNCA ME							

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.

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1 -

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

1. DECEDENT'S NAME (First,	Middle, Last)								2. DATE OF	DEATH			3. TIME OF DEATH	
MARGARET	Par	cham		M	CCOR	MICK			MONTH	MONTHJUN 9 DAY994 YEAR			8:05 pm	
4. SOCIAL SECURITY NUMBER	.01	5. SEX		6. AGE (In yrs. lest birthday) IF II 6.5 YRS. MON		ER I YEAR			7. DATE OF BIRTH (Month, Day, Year) 11-2-28		•	8. BIRTHPLACE (State or Foreign Country) Ohio		
	9a. FACILITY NAME (If not institution, give street and number)					9b. CITY, TOWN OR LOCATION OF DEAT								
7. COOM11									altin					
10a. STATE	10b. COUNTY	,		10c.	CITY, TOWN	OR LOCA	TION					10d. INSIDE CITY		
Md.						son					1 YES 2		LIMITS?	
						10	H. ZIP COD				10g. CITIZE		HAT COUNTRY?	
7508 Far Hi	lls Dr		T 51/50 III 44	0.101100	1		212						S.A.	
1 Never Married 2 1	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced			2 NO	1	If yes, s		ın, Mexica	NIC ORIGIN? (5 in, Puarto Rice y:		or No — 1	4. RACE Black Specif	— Americen Indian, , Whita, atc. /y: White	
15. DECE	EDENT'S EDUC	CATION	16	Se. DECEDEN	I ALISII S'TI	OCCUPATI	ION		16h KII	ND OF BUILD	HNESS/INDUS	etev	white	
(Specify only Elementary/Secondary (0-	highest grade	College (1-4 or 5	-	(Give kind	of work don Tuse retired	e during m		ng	100, K	NO 01 003	MNE33/MDO	SINT		
12		2	"	Home	maker	5				Own I	Home			
17. FATHER'S NAME (First, Mic	ddle, Last)						16. MOT	HER'S NA	ME (First, Midd	lle, Maiden	Surname)			
Wallace Ce	cil Pa	arham					L	illi	an Cha	.ppel	1			
19a. INFORMANT'S NAME (Ty)		39-19-11-11-11-11-11-11-11-11-11-11-11-11		19b, MAIL	ING ADDRE	SS (Street			Route Number,			code)		
Donald McCo	rmick			7508	Far	Hill	s Dr	. To	wson M	d. 2	1286			
20g. METHOD OF DISPOSITIO	ON 3 Remo	aml from State		ACE AND DA			ame of		DATE	20c. LO	CATION CH	ty or To	wn, Stata	
4 Donation 5 Other		TVBI ITOM State		ry, crematory CEVIEW			,		6-13	-94	Sykes	svil	lle Md.	
21. SIGNATURE OF FUNERAL	SERVICE LIC	ENSEE			22	2. NAME A	ND ADDRE	SS OF FA	CILITY					
Ruck Towson F. H. 1050 York Rd. Towson Md.														
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SECTION 13

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the bospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely liked in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR

CERTIFICATE OF DEATH

2. DATE OF DEATH

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_							ned. No.		
	1. DECEDENT'S NAME (First, Middle, Last)	Murr	an				2. DATE OF DEATH MONTH	YEAR	3. TIME OF DEATH
			In yrs. last birthday)	IF UNDER 1 Y	EAR F IMPRI	R 24 HRS.	7. DATE OF BIRTIN	74	7.32 AM
		1 M 2 F 8			AYS HOURS	MIN.	(Month, Day, Year)	THPLACE (State or Foreign ntry)	
	9a. FACILITY NAME (If not institution, give street	,		9b. CITY, TO	WN OR LOCAT	ION OF DE	Sept. 28,1	9c. COUNTY OF	DEATH
8 B	WAShington Ad	ventist ,	Hospital	TA	Koma		Park		gemery
5	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY			Y, TOWN OR I					
DIRECTOR) A	romery		ilver		ring	a)		10d. INSIDE CITY LIMITS? 1 YES 2 NO
	10e. STREET AND NUMBER				10f. ZIP COD			10g. CITIZEN OF	WHAT COUNTRY?
FUNERAL	8484 16th S	street			20	910		us	SA
2	11. MARITAL STATUS 1 Never Married 2 Married	2. WAS DECEDENT EVER II	U.S. ARMED				IIC ORIGIN? (Specify Yea n, Puerto Rican, atc.)	or No- 14. RA	CE American Indian, ick, Whita, atc.
ВУ	3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	ATES		YES 2 NO				Black
	15. DECEDENT'S EDUCA' (Specify only highest grade co		16a. DECEDENT'S (Give kind of	USUAL OCCU	IPATION ng most of work	ing	16b. KIND OF BUS	INESS/INDUSTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Concre		Finis		Murray	Coner	ete Company
ON	17. FATHER'S NAME (First, Middle, Last)				18. MOT	HER'S NA	ME (First, Middle, Maiden	Sumame)	
BE C	MARShall	murray			n	1914	ie Ro	biNSor	7
0	19a. INFORMANT'S NAME (Type/Print)						Route Number, City or Town		(
	WILLIAM A MUY		13109	8024		AYL	ington, Vo		
	1 Burlal 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	al from State	PLACE AND DATE netery, crematory or of IRASAN+	of Disposition (Control of Dis	Memori	al Pk	6/14/0 A1	cation—city or manda	
	21. SIGNATURE OF FUNERAL SERVICE LICEN	ISEE /	7	22 NA	ME AND ADDRE	SS OF EA			
	* Robert B	Boken 4	1	26	05 %	Sh	irlington	Rd, ARL.	·4.
	23. PART i. Enter the diseases, or corehock, or heart failure. List IMMEDIATE CAUSE (Final disease or condition resulting in death)	Possible	ach line.	lamear	£	Panh	di	atory arrest,	Approximate Interval Batween Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	OUE TO OR AS	CONSEQUENCE O	P	Jalu	ni	>		
- 11	PART II. Other algnificant conditions	contributing to deeth b	ut not resulting	In the unde	rlying ceuse	given in	Part I. 24a, WAS AN	AUTOPSY 2	4b. WERE AUTOPSY FINDINGS
FDICAL	@ Sem Done an	~ 0	1 // -	ocia			PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
2	3) Renal fail	une (A) 6	Rt Con	m (spe p	neu			OF DEATH? 1 YES 2√- NO
AN	25. WAS CASE REFERRED TO MEDICAL				26. PLACE OF (DEATN ACL	ant cott one)		
SICI	EXAMINER?	HOSPITAL:	entlant 3 DOA	OTHER:			6 Other (Specify)		
PHYSICIAN:	27. MANNER OF DEATN	26a. DATE OF INJURY (Month, Day, Year)	28b. Til		c. INJURY AT	andence	26d. DESCRIBE NOW II	NJURY OCCURED	
ВУБ	1 Natural 5 Pending 2 Accident Investigation	(Morter, Day, rear)	IN.		WORK?	□ NO			
	3 Suicide 6 Could not be 4 Homicide detarmined	28a. PLACE OF INJURY building, atc. (Spec	At home, farm,	street, factory	, offica		281. LOCATION (Street a City or Town, State)	and Number or Aura	Il Route Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIA (Check only one) 2 MEDICAL EXAMINER:	AN: To the best of my know On the beals of examination							e(a) and manner as stated.
TO BE C	29b. SIGNATURE AND TITLE OF CENTIFIER	Chel	8 M8	7	29c. LIO	ENSE NUN	1BER 29	P 6	ED (Marie Day Mari
	30. NAME AND ADDRESS OF PERSON WHO A A A CHARC	80 T610	Canoll	DUE of	390,	tabo	me P/c - m	D 209	12
	31. DATE FILEJUN . 19. 3"1994	32. RIGISTRAR'S SIGN	ATURE LON-Alindal	e e					



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FOR STATE REGISTRAR

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1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH ORGAN 5:30 A 6 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTN (Month, Day, Year IF UNDER 1 YEAR IF UNDER 24 HRS. 8/BIRTHPLACE (State or Foreign 1 - M 2 XF 080-24-2271 permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give 1945 COLLI) 9b. CITY, TOWN OR LOCATION OF OEATN 9c. COUNTY OF DEATH COLLINGTON DIRECTOR BALT AVE RESIDENCE OF DECEDENT toe. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? ma. 10 YES 2 NO FUNERAL 10e. STREET AND NUMBER IN ZIP CODE 19 4 5 N. Colling Ton AuE

11. Marital Status

1 Naver Married 2 Married

12. Was DECEDENT EVER IN U.S. ARMED FORCES? 1 VES 2 NO IF YES, GIVE WAR OR DATES funeral director, page 5 should be detached for use as the burial-transit retained by the hospital or attending physician. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No-lit yes, specify Cuban, Maxican, Puarto Rican, stc.)
 The Yes 2 Specify: 14. RACE — American Indian, Black, Whita, atc. BY 3 Widowed 4 □ Divorced COMPLETED 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY 10-121 College (1-4 or 5 +) 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) ĕ AMSON BE notified 19a. INFORMANT'S NAME (Type/Print) 10 OH batto m after death. Page 6 may be 20e METHOD OF DISPOSITION

1 Burlal 2 Cremation 3 Re pe DATE 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - Cify or Town, Stata must Donation 5 - Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY rangines alvier Bett up the medicai filled in by t 23. PART I. Enter the diseases, or complicatione that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory errest, Approximate shock, or heart failure. List pnly one cause on each line Interval Between 0 **IMMEDIATE CAUSE (Finel** Onset and Deeth the cremation. disesse or condition ERTEBROBASILAR (FREBILOVASCULAR INFARCT ONE MONTH npletely resulting in death) event, and com COM traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): 2 If any, leading to immediate cause. Enter UNDERLYING the attending physician. Mental Hygiene prior to CAUSE (Diseese or injury other DUE TO (OR AS A CONSEQUENCE OF): thet initiated evente resulting in death) LAST 6 inlury. PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part i. the MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS signed by the AVAILABLE PRIOR TO shows any COMPLETION OF CAUSE 1 YES 2 9-NO t TYES 2 NO PHYSICIAN: DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES TO NO TO Dept. 23 has 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) State item certificate **EXAMINER?** OTHER: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 5 Residence 6 the 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, with this 1 Matural 5 Pending Investigation М 1 YES 2 NO BY DIRECTOR: After to hours after death v 2 Accident HOSPITAL DR ATTENDING 28a. PLACE OF INJURY — At home, term, street, factory, office building, atc. (Specify) 3 Sulcide 82 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 28 4 Nomicide Item 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the beat of my knowledge, death occurred at the time, data and place, and due to the cause(a) and m FUNERAL within 72 h Ξ 2 MEDICAL EXAMINER: On the beals of exami TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: B 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day. 29c. LICENSE NUMBER BE (UREST-30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) URKO OREST M. 31. DATE FILED (Month, Only, Year) 32. REGISTRAR'S SIGNATURE DHMH-18 Rev 1/89

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within—Finans her death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFICA			MENTAL HYGIENI REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last) BETTY	ANN Mo	ELHATTEN			2. DATE OF DEATH MONTH June 12,	1994 YEA	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 215 76 3752	1 🗆 M 2 🔀 F	56 YRS. MON	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 09/04/19	Co	ATHPLACE (State or Foreign unity)	
TOR	99. FACILITY NAME (If not institution, give state of the			Baltimore City 9c. COUNTY OF DEATH					
DIRECTOR	10a. STATE 10b. COUNT	more Count		WN OR LOCATI	ON			10d. INSIDE CITY LIMITS? 1 YES 2 NO	
FUNERAL	1031 Foxcroft I	ane			ZIP CODE 21221		1000	F WHAT COUNTRY?	
BY FU	11. MARITAL STATUS 1 X Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 200	If yes, spe	endent of Hispanicity Cuban, Maxicar 2 X NO Specify	IC ORIGIN? (Specify Yes n, Puerto Rican, etc.)			
COMPLETED	15. DECEOENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	16a. DECEOENT'S USU (Give kind of work life. Do NOT use ret	done during mos	N t of working	16b. KIND OF BUS		,	
	0 17. FATHER'S NAME (First, Middle, Last) William McElh	natten	None		18. MOTHER'S NAM	ME (First, Middle, Malden	15 THE R. P. LEWIS CO., LANSING, MICH.		
TO BE	190. INFORMANT'S NAME (Type/Print) Catherine Rutk				d Number or Rural R	Noute Number, City or Town Baltimo	n, State, Zip Code)		
	20a. METHOD OF DISPOSITION 132 Surial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	noval from Stata	n. PLACE AND DATE OF DI netery, cremetory or other p LIANEY Va	SPOSITION (Nar	ne of	OATE 20c. LOC	CATION — City or		
	21. SIGNATURE OF FUNERAL SINDVICE LI	CENSEE A		BRUZD		FUNERAL		P.A. e, Md 21221	
CERTIFICATION	23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, isoding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE/TO (OR AS A OUE/TO (OR AS OUE/TO (OR	A CONSEQUENCE OF:		le of dying, such		ratory errest,	Approximate interval Between Onset and Deeth	
MEDICAL	Cerep	Brain Pai	15 y	ction	ceuse given in I	Part i. 24a. WAS AN PERFORI	MED?	14b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
PHYSICIAN:	DID TOBACCO USE (25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ОТ	-	S NO				
BY PHYS	1 VES 2 NO 27. MANNER OF BEATH 1 Netural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)		Nursing Homs 28c. INJU WOF	5 Residence	6 Other (Specify) 28d. OESCRIBE HOW IN	JURY OCCURED		
-	2 Accident Investigation 3 Suicide 6 Could not ba 4 Homicide determined	26a. PLACE OF INJURY building, atc. (Spe	— At home, term, street city)	t, factory, offica		261. LOCATION (Street a City or Town, State)	nd Number or Rur	al Route Number,	
COMPLEIED	one) MEDICAL EXAMINE	ICIAN: To the best of my know ER: On the baels of examination						e(e) end menner as stated.	
IO BE	30. NAME AND ADDRESS OF PERSON WITH	4	ATH (ITEM 27) (Type Prin	ri	DS 4/1	145	► 6/1	S S	
		21 Crossro	ads Drive		gs Mill	ls Maryla	and 2	1117	
	JUN 1 3 19	94 Julia Su	idean Mandall						

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG NO.

	4 050505455	A 44 A 1411 - 1 - 1 - 1						_		_					-
- 1	1. DECEDENT'S NAME (First,										2. DATE OF DEATH MONTH DAY			YEAR 3. TIME OF DEATH	
	JACOUES 4. SOCIAL SECURITY NUMB	MOS	SE 5, SEX	IA FASE	one librar					JUNE 05			94 5:30P M		
	4. SOCIAL SECURITY NUMB	ER	5. SEX 6. AGE (In yrs. last			MONTHS DAY					7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHPLACE (State or Foreign Country)		
		YRS.				COOP									
~	90. FACILITY NAME (If not in: UNIVERSI	7							NTY OF OEATH						
2	RESIDENCE OF DEC		KILAND	5.1.0	, .	BALTIMORE CITY na					na				
S	10e. STATE	10b. COUNTY			10c. CIT	Y, TOWN O	R LOCAT	ION				10d. INSIDE CITY			=
DIRECTOR	Maryland	Maryland na						2						LIMITS?	
	10e. STREET AND NUMBER							. ZIP COD	E			10c CIT	IZEN OF V	1 YES 2 NO	-
A.	3333 Cha	rles	Street				"	212				ing. Cit	IZEN OF 1	WHAT COUNTRY?	- 1
FUNERAL	11. MARITAL STATUS		12. WAS DECEDEN	IT EVER IN 11 S	ARMED	12 W	MAC DEC			uc onici	N? (Specify Yee	M-	44 040	E American Indien,	-
E	1 Never Married 2	□NO	- 11	yes, spe	ecity Cubi	n, Mexica	n, Puerto	Rican, atc.)	or No-	Blact	k, White, etc.				
BY	3 Widowed 4 Divo		'	☐ TES	2 NO	Specify	y:			Speci	"" White				
E	15. DECI (Specify only	DECEDENT'S					161	. KIND OF BUS	INESS/INI	DUSTRY		\neg			
COMPLET	Elementary/Secondary (0		College (1-4 or 5	+)	(Give kind of life. Do NOT u	se retired.)	unng mo	SE OF WORK	ng						
d d															_
	17. FATHER'S NAME (First, Mi	ddle, Last)								AME (First, Middle, Malden Surname)					
BE								Ge	rda	В.	(Mo	sse	sse)		
2	19a. INFORMANT'S NAME (7)										ber, City or Town				\neg
-	Gerda B. M	osse			557	Tynd	a11	. St	,Los	s Al	ltos, C	A 9	4022	2	
	20e. METHOD OF DISPOSITI	n 3 Remo	oval from State	comotoo	CE AND DATE		TION (Na	me of		OAT	E 20c. LO	CATION —	City or To	wn, State	
	4 Donation 5 Other			remov	al										i
- 1	21, SIGNAPURE OF FUNERAL	L SERVICE LIC	ENSEER on a J	ld Wa	ie,Di	22. N	IAME AN	D AOORE	SS OF FAC	CILITY	State Anatomy board				
	1 Daniella	1//	11 Deca	2		655W.BaltimoreSt,Balto,MD21201							1201	- 1	
	23. PART i. Enter the di	seases, or c	omplications the	t caused the	death. Do	not entar	tha mo	da of dy	ing, suct	h as car	dlac or respi	ratory ar	rest,	Approximata	\exists
	IMMEDIATE CAUSE (Fin		List only one cau	ise on each	ilne.									Interval Between	
	disease or condition resulting in death)		BLUM	tena	16	EM.	120	13							
	resolving in death)		DUE TO	(OR AS A CO	NSEQUENCE O	F):	71- 1			121					\dashv
- 1	water and the same).											ļ	- 1
-	Sequentially list condition	OD 6	DUE TO	(OR AS A CO	SEQUENCE O	F):						-			\neg
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ICATION	cause. Entar UNDERLYI	llata NG													
TIFICATION	cause. Entar UNDERLYII CAUSE (Disease or injurthat initiated events	llata NG Ty	OUE TO	(OR AS A CO	NSEQUENCE O	F):								İ	
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L CERTIFICATION	cause. Entar UNDERLYII CAUSE (Disease or injuithat initiated events resulting in daath) LAST	llata NG ry	l				derlying	Cause (givan in	Part i.	24a. WAS AN	AUTOPSY	24b	. WERE AUTOPSY FINDING	GS.
	cause. Entar UNDERLYII CAUSE (Disease or injurthat initiated events	llata NG ry	l				derlying	j cause (givan in	Part i.	PERFOR	MEO?	24b	WERE AUTOPSY FINDING AVAILABLE PRIOR TO COMPLETION OF CAUSE	
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BY PHYSICIAN: MEDICAL	Cause. Enter UNDERLYII CAUSE (Disease or injuit that initiated events resulting in death) LAST PART II. Other significant part iii. Other sign	ont condition: USE Conding meetigation	ONTRIBUTE HOSPITAL: 1 Inpatient 25 28e. DATE OF	TO CA	USE OF	DEATH	H YI 26. PL : ling Home 28c. INJ WO 1 V	ACE OF O	NO EATH (Che	B Oth	PERFOR 1 NES 2 If (Specify) SCRIBE HOW II	MEO? □ NO □ NO	CURED CURED	AMILABLE PRIOR TO COMPLETION OF CAUSE OF OCATH? 1 YES 2 NO	
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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATE	0F	MARYLAND /	DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIENE
			ERTIFICATE					REG. NO.

	1 - STATE REGISTRAR	STATE OF I	WARYLAND	/ DEPAR	TMEN	T OF H	IEALTH AND	MENTAI	HYGIEN	E		
	1. DECEDENT'S NAME (First, Middle, Last)						DEATH		OF DEATH			3. TIME OF DEATH
	MARIT MINDE							MONTH 6	O.		YEAR	9.00 A M
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.							7. DATE	OF BIRTH			LACE (State or Foreign
	065-26-4965	1 M 2 F	86	YRS.	MONTHS	DAYS	HOURS MIN.		/1/07			way
~	9a. FACILITY NAME (If not institution, give s				9b. CIT	Y, TOWN C	OR LOCATION OF C	DEATH		9c. COUNT		
5	St. Agnes Hospital Baltimore Baltimore											e City
EC	10a. STATE 10b. COUNT	Υ		10c. CIT	Y, TOWN	OR LOCAT	TION					10d, INSIDE CITY
PIG	Maryland Balt	imore Co	intv	Car	tons	vill	e					LIMITS? 1 YES 2X NO
BY FUNERAL DIRECTOR	10e. STREET AND NUMBER			1 00.		_	ZIP CODE			10g. CITIZE		HAT COUNTRY?
ER	717 Maiden Choice	e Lane	APT 303				21228			U.	S.A.	
Ę	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. A	RMED	13.	WAS DEC	ENDENT OF HISPA	NIC ORIGIN	? (Specify Yes		4. RACE	- American Indian, White, etc.
3≺	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE V		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1 TYES	2 NO Speci	ify:	icen, atc.)		Spec#)	
	15. DECEDENT'S EDU	CATION	160 D	ECEDENT'S	IIIO III	CCUBATIO	NA .	Lans	VIII 07 011			WILLE
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5		Give kind of vie. Do NOT us	vork done	during mo	st of working	166.	KIND OF BUS	IINESS/INDU	STRY	
P	Primary	College (14 of 5		et.)	Home	emak	er	- 1	Own	Home		
Ö	17. FATNER'S NAME (First, Middle, Last)			,	220111	Jing re	18. MOTNER'S NA	AME (First, A				
BE C	Ole' Christian	Hansen					Martha	a Ras	musse	n		
TO B	19a. INFORMANT'S NAME (Type/Print)		19	9b. MAILING	ADDRES	S (Street a	nd Number or Rural				Code)	
F	Michael C. Hanser	n		1001	LIV	y Hi	11 Road	Cocke	ysvil	le, M	D 2	1030
	20a. METHOD OF DISPOSITION 1 反 Burlel 2 ☐ Cremation 3 ☐ Rem	oval from Stata	20b. PLACE	ANDDATE	F DISPOS	SITION /Na	ment	DATE		CATION — CI		n, State
	4 Donation 5 Other (Specify)	1	Harfo	ord Me			Gardens		3-94	Harfor	rd C	ounty
	21. SIGNATURE OF FUNERAL SERVICE LIC	PINSEE	2	0.			ID ACORESS OF FA				410	7 WilkensAv
	Jacke	- AM	inve	~	- I	HUBB	ARD Fune	ral H	lome,	Inc.		timore, Md.
	23. PART Enter the diseases, or o shock, or heart failure.	complicatione tha	t ceused the d	eath. Do n	ot enter	the mo	de of dying, suc	ch as cerd	lac or respi	ratory arres	st,	Approximete
	IMMEDIATE CAUSE (Final	cist only one cau	red On each in	♥.								Intervel Between Onset and Death
	disease or condition resulting in death)	a. PANC	REATIC	CARCT	NOMA	L.						6 Months
	a. PANCREATIC CARCINOMA OUE TO (OR AS A CONSEQUENCE OF):											
O	Sequentially list conditions,	t conditions, DUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	if any, leading to immediate ceuse. Enter UNDERLYING	DOE TO	(UH AS A CONSE	OUENCE OF	7):							
임	CAUSE (Disease or Injury that Initiated events	DUE TO	(OR AS A CONSE	OUENCE OF	7):							
E	resulting in death) LAST											
	DART II Oak and all and a second											
¥	PART II. Other significent condition						cause given in	Part I.	24a. WAS AN PERFOR			WERE AUTOPSY FINDINGS
ă	Possible Ce	rebrai v	ascular	ACC1	dent			_	1X YES 2	□ NO		COMPLETION OF CAUSE OF DEATH?
Σ											1	YES 2 NO
PHYSICIAN: MEDICA	25. WAS CASE REFERRED TO MEDICAL											
S	EXAMINER? 1 YES 2 NO	HOSPITAL:	500		OTHER	R:	ACE OF OEATN (C/					
¥	27. MANNER OF GEATN	1 Inpatient 2 28s. DATE OF		28b. TIMI	-	aing Home	5 Residence		(Specify)	THIBY OCCIL	BEO.	
	1 Netural 5 Pending	(Month, D.			URY M	WO	RK?	200.023	SHIDE NOW II	JOHT OCCU	HEU	
) BY	2 Culate	28a. PLACE O	F INJURY — At h	ome, ferm, a	treat, fact			261, LOCA	TION (Street a	nd Number or	Rural Ro	ute Number.
3 Suicide 6 Could not be determined 28a. PLACE OF INJURY — At home, farm, atreat, factory, office building, atc. (Specify) 28a. PLACE OF INJURY — At home, farm, atreat, factory, office City or Town, State)												
18				eath accurre	d et the t	ime dete	and place, and dru	to the cour				
PLETE	29a. CERTIFIER (Chack only 1 CERTIFYING PHYSIC	CIAN: To the best of	Check only (Check only One) 2 MEDICAL EXAMPLE CONTINUENCE CONTI									
OMPLETE	(Check only				2 MEDICAL EXAMINER: On the beels of expeniention and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(a) and manner as							
COMPLETED	(Check only	R: On the beels of a			n, in my o	opinion, de			and place, and			
띪	(Check only one) 2 MEDICAL EXAMINE	R: On the beels of a			n, in my o	opinion, de	29c. LICENSE NU		and place, and			Month, Day, Year)
	(Check only one) 2 MEDICAL EXAMINE	R: On the beels of a	unination and/or	Investigation		opinion, de		MBER	and place, and	29d. DATE S		Month, Day, Year)
띪	(Check only 1 CERTIFYING PHYSIC ONE) 2 MEDICAL EXAMINED 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO	COMPLETIO DALE	SE OF DEATN (ITE	M 27) (Type,	Print)		DA34	MBER		29d. DATE S	/10/	Month, Day, Year)
띪	(Check only 1 CERTIFYING PHYSIC ONL) 2 MEDICAL EXAMINED 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO	COMBINETIO GAUS Jr. St L62. REGISTRA	SE OF DEATN (ITE	M 27) (Type,	Print)		29c. LICENSE NU	MBER		29d. DATE S	/10/	Month, Day, Year)

BALTIMORE, MARYLAND 21215-00	certificate be executed with nours after death. Page 6 may be retained by the hospital or attending
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	1. DECEDENT'S NAME (First, Middle, Le Florie	FLORIE PA	MILLER			J'union of beath!	12 95	12:45		
	4. SOCIAL SECURITY NUMBER 247-18-5637 98. FACILITY NAME (If not institution, gir	1 - M XF 8	E (In yrs. lest birthday) YRS.	MONTHS DAYS	F UNDER 24 HRS. HOURS MIN. OR LOCATION OF D	7. DATE OF BIRTH (Month, Day, Year) May 29,1		HRTNPLACE (State or Foreign ountry) uth Carol		
TOR	Sinai Hospita			Baltin		EAIN	SC. COUNTY	OF DEATH		
- DIRECTOR										
FUNERAL	740 Poplar Gr	ove Street	5C		1. ZIP CODE 1216			A.		
ВУ	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OF	ES 2 X NO	It yes, sp	CENDENT OF HISPA Healty Cuben, Mexico is 200 NO Special	NIC ORIGIN? (Specify Youn, Puerto Rican, etc.) fy:		RACE — American Indian, Black, White, etc. Specify: Black		
PLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use refered.) Domestic									
COMPL	17. FATNER'S NAME (First, Middle, Last)					AME (First, Middle, Maide	n Surname)			
) BE	Cyrus Patton 196. INFORMANT'S NAME (Type/Print)		19b. MAILINO	ADDRESS (Street		Patton Route Number, City or To	wn, State, Zip Code	•)		
10	Joseph Miller					reet, Yo				
	26a. METNOD OF DISPOSITION 11 Burlel 2 Cremetion 3 R 4 Donation 5 Other (Specify)		20b. PLACE AND DATE (Semelery, cremelery or o XING MEM			6/16 Ra	ndalls			
	21. SIGNATURE OF FUNERAL SERVICE	lans on	res	Marsl	nall W. Edmond	CILITY	r Fune	ral HM P		
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. MU/	Hisystem s a consequence of	n orga	an Fa	ilue -	sepsi:	Interval Bet Onset and		
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	b. Ne DUE TO (OR A	crotizione con en al consequence or en al consequence or eart	failus	re e-Co	sture	grathy			
MEDICAL C	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	d. h	eart -	failus	e-Co	pardiemy	N AUTOPSY DRMED?	24b. WERE AUTOPSY FINI AMAILABLE PRIOR TO COMPLETION DF CA OF DEATH?		
SICIAN: MEDICAL C	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	d	h but not resulting	failus In the underlyin 26. P	e - Ce g couse given in	Part I. 24e. WAS A PERFC 1 YES	N AUTOPSY DRMED?	24b. WERE AUTOPSY FIND AVAILABLE PRIOR TO COMPLETION DF CAI		
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(3)

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within processing many for retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transif permit. Pages	d within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HO	TO THE FUI	be filed with	IMPORTA

1, 2, 3 should

1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

2. DATE OF DEATH MONTH

DAY

DEVI AD CO.

	1. DECEDENT'S NAME (First,	, Middle, Last)							2. DATE OF DEATH	DAY	YEAR	3. TIME OF DEATH	
	Devance	Moor	re			June 10 1994			1459	м			
	4. SOCIAL SECURITY NUME	ER	5. SEX	6. AGE (In yrs.	last birthday)	IF UNDER 1 YE	_	ER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTI	IPLACE (State or Foreign	n
	215 78 294	19	1 M 2 F	33	YRS.	MONTHS DA	YS HOURS	MIN.	6/22/6	0		. bM	1
	9a. FACILITY NAME (If not in	stitution, give s	treet end number)			9b. CITY, TO	WN OR LOCA	TION OF DE		-	INTY OF C		
DIRECTOR	Shock Tra		Center			Baltimore							_
EC	10e. STATE	10b. COUNTY	1		10c. CITY	, TOWN OR L	OCATION					10d. INSIDE CITY	\neg
	Md.					Balt	imore	9				LIMITS?	
FUNERAL	100. STREET AND NUMBER	ester	St.				101. ZIP CO	1213		10g. C/1	USA	WHAT COUNTRY?	
B√	11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Divo		12. WAS DECEDEN FORCES? 1 IF YES, GIVE N	IT EVER IN U.S. I YES 2 NAR OR DATES	NO	If yes	DECENDENT s, specify Cu YES 2 XN	ban, Maxica	IIC ORIGIN? (Specify Yan, Puerlo Rican, etc.)	a or No—	14. RAC Blec B1Sac	E — American Indian, k, Whita, atc.	
ED		EDENT'S EDUC		16a. I	DECEDENT'S	USUAL OCCU	PATION	4-1	18b. KIND OF BU	JSINESS/IN	DUSTRY		\dashv
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MP.					Trucl	k Dri	ver		Leona	rd P	ape	r Co.	- 1
Ö	17. FATHER'S NAME (First, M	iddle, Last)					18. MC		ME (First, Middle, Malder	,			
BE (Thurman		Мо	ore				John	nnie Mae	Smi	th		- 1
5 B	19a. INFORMANT'S NAME (7								Route Number, City or Tox				\neg
-	Tammy	Mooi	ce		1721	Rege	ster	St.	Balto.,	Md.	21	213	
	20a METHOD OF DISPOSITI 1 Burial 2 Cremation 4 Donation 5 Other	n 3 🗌 Reme	oval from Stata	20b. PLAC	EAND DATE OF	FDISPOSITION CE	M(Name of Mete:	ry		alto			
	21. SIGNATURE OF FUNERA	L SERVICE LIC	ENSEE			22. NAM	E AND ADDE	RESS OF FA	rton & S				
	Jam	esi	1. M	orton	,				rton & S s St. Ba		, Me	d. 21217	-
	23. PART 1. Enter the di ahock, or h	seases, or c	complications the	it caused the duse on each in	desth. Do n							Approximats interval Between	nen .
	iMMEDIATE CAUSE (Fin disease or condition resulting in death)	nai →		Mul	tid	e -	DY	wo	i			Onset and Da	
			DUE TO	(OR AS A CONS	EOUEN E OF):	4						
CERTIFICATION	Sequentially list conditions, if any, leading to immediate b. DUE TO (OR AS A CONSEQUENCE OF):												
<u>র</u>	cause. Enter UNDERLYI CAUSE (Disease or inju		C										
	that initiated events		DUE TO	(OR AS A CONS	EOUENCE OF):							
H	resulting in death) LAS	' L.	đ										
	PART ii. Other algnifica	nt condition	a contributing to	death but not	reaulting i	n the under	iving cause	given in	Part i. 24a. WAS AI	VACITIAN	241	. WERE AUTOPSY FINDIN	100
MEDICAL			_				,	giveirin	PERFO	RMED?	1	AVAILABLE PRIOR TO COMPLETION OF CAUSE	
									YES	2 🗌 NO	ı	OF DEATH?	
	DID TOBACCO) LISE C	CHITPIPIITE	TO CAL	ISE OF	DEATH	VEC E	7 NO	_ [YES 2 NO	
AN	25. WAS CASE REFERRED TO		CITIKIBUTE	IO CAU	OF OF		6. PLACE OF						_
PHYSICIAN:	EXAMINER? 1½ YES 2 □ NO		HOSPITAL:	F EB/Outpetlant	2 🗆 DO4	OTHER:							
Ξ	27. MANNER OF DEATH		28st DATE OF		28b. TIMI		INJURY AT	Hesidenca	8 Other (Specify) 28d_DESCRIBE HOW	IN ILIBA UC	CHRED		\dashv
ВУ Р		Pending Investigation	6/10	194	135	OM 1	YES 2	□ NO	TRUCK D	hlye	VIX	AVM i	-
COMPLETED		Could not be detarmined	28d. PLACE of building,	of INJURY — At late. (Specify)	STRE	treet, fectory,	offica		281. LOCATION (Street	895	r or Rural	Route Number,	
Ľ	29a, CERTIFIER 1 CERT	IFYING PHYSI	CIAN: To the best of	my knowledge	death occurre	d at the time	dete and plac	re, and due	to the cause(a) and ma				
Ř												i) and manner as stated	
	HE SIGNATURE AND TITLE		4										
O BE	1 pu	1	whe	M)		29c. LI	O . C .		•	Tune	(Month, Day, Year)	.
2	30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAU	SE OF DEATH (IT									
	31. DATE FILED (Month, Day, JUN 13	1994	REGISTRA	AR'S SIGNATURE		nn Si	rreet	Bā	utimore.	_ Ma	ryla	and 21201	4
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1. OECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH MAR ISCAL 0155 A MARION 06 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS 219-06-6308 1 M 2 X F 52 29,1941 Bolivia Aug. Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Sinai Hospital Baltimore RESIDENCE OF DECEDENT 10b. COUNTY 10c CITY TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore 1 X YES 2 NO permit. FUNERAL 10e. STREET AND NUMBER 10f. ZIP COOE 10g. CITIZEN OF WHAT COUNTRY? the burial-transit 6984 Millbrook Park Drive 21215 USA retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS OECEOENT EVER IN U.S. ARMED FORCES? 1 YE& 2 ND IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. tt ens, specify Cuben, Mexicen, Puerlo Rican, etc.)

1 YES 2 NO Specify:

BOLIVIAN 1 Never Merried 2 Merried Specify: White BY 3 Widowed 4 Divorced COMPLETED 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY use (Specify only high for Elementery/Secondery (0-12) College (1-4 or 5+) should be detached 12 Housewife 17. FATHER'S NAME (First, Middle Last) 16. MOTHER'S NAME (First, Middle, Maiden Sumarne) Ħ Adolfo Sachse Gerda Falkenstein notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 page 5 s Marion Mariscal Detlefsen 11410 N. Malibu Way Jacksonville, Fla. 32223 after death. Page 6 may be Pe 20e. METHOD OF DISPOSITION
1 □ Burlel 2 Cremetion 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE must funeral director, Carroll Cremation 4 Donation 5 Other (Specify) 6-12-94 Hampstead. Md. 21074 traumatic event, the medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 11824 Reisterstown Road ma-Eline Funeral Home Reisterstown. Md.21136 the 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory errest, filled in by Approximete shock, or heart feilure. List only one ceuse on each ilne Intervel Between 0 IMMEDIATE CAUSE (Finel Onset end Deeth cremation, disease or condition resulting in death) VENTRICULAR FIBRILLATION completely DUE TO (OR AS A CONSEQUENCE OF): burial, CARDIOGENIC SHOCK CERTIFICATION and Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): Hygiene prior to if any, leeding to immediate cause. Enter UNDERLYING attending physician PULMONARY EDEMA death certificate other CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): thet initiated events resulting in death) LAST MYOCARDIAL INFARCTION Mental signed by the a Health and Men PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO requires that shows any COMPLETION OF CAUSE 1 - YES 2 NO DF DEATH? 1 TYES 2 NO peeu PHYSICIAN: 23 this certificate has 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) State HOSPITAL: OTHER 1 - YES 2 NO 1 Kinpatient 2 - ER/Outpatient 3 - DOA ng Home 5 - Residence 6 - Other (Specify) 10 the 27. MANNER OF DEATH 26e. DATE OF INJURY 28c. INJURY AT WORK? 26b. TIME OF 26d. DESCRIBE HOW INJURY OCCURED marked, WITH 1 SC Natural 1 YES 2 ND BY death 2 Accident DIRECTOR: After 28e. PLACE OF INJURY — At home, ferm, street, tectory, office building, stc. (Specify) 60 3 Suicide 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 8 Could not be COMPLETED after 200 4 Homicide Herm 29e. CERTIFIER (Chack nniv.) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner as stated. TO THE HOSPITAL OF THE FUNERAL DE FILE WITHIN 72 HO 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end piece, and due to the ceuse(s) and manner as stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE RESIDENT MEDILINE BNOON 06/12/94 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) MOSPITAL, BALTIMORE, MD 21215 BINDU NOOR MD SINAI 31. DATE FILED (Month, Day, Year)
JUN 1 3 1994 32 PHOSTRAR SIGNATURE DHMH-16 Rev 1/89

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. Thours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

			ENT OF HEALTH AND I	MENTAL HYGIEN	E			
G	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH	V VEAD	3. TIME OF DEATH		
	Anna V. Neubaue			06 10	, , ,	2:20 р м		
- 8	4. SOCIAL SECURITY NUMBER 5. SEX 1 M 2 X* 94		MONTHS DAYS MOURS MAIN (Month, Day, Year) Country)			HPLACE (State or Foreign try) ryland		
œ	9e. FACILITY NAME (If not inatitution, give street and number)		CITY, TOWN OR LOCATION OF DE	ATH	9c. COUNTY OF			
CTO	Frederick Villa Nursing Cer	iter]	Baltimore		Baltim	ore		
DIRECTOR	Maryland Baltimore	10c. CITY, TO	wn or Location Baltim	ore		10d. INSIDE CITY LIMITS? 1 YES 2 NO		
RAL	10. STREET AND NUMBER		101. ZIP CODE	0		WHAT COUNTRY?		
FUNERAL	406 Shade Tree Place 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. A	ARMED	2122		USA	E — American Indian,		
B≺	1 Never Merried 2 Merried 3 Wildowed 4 Divorced FORCES? 1 YES 2 For YES, GIVE WAR OR DATES	NO	If yes, specify Cuben, Mexica 1 YES 2 NO Specify	n, Puerto Ricen, atc.)	Blac	ck, White, etc.		
밀	(Specify only highest grade completed)	ECEDENT'S USU	done during most of working	16b. KIND OF BUS	INESS/INDUSTRY			
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+)	to. Do NOT use ret ashier	red.)	Groces	ry Stor			
S S	17. FATHER'S NAME (First, Middle, Last)		18, MOTHER'S NA	ME (First, Middle, Maiden				
BE (Thomas Nelson			Mary Lanl				
2			ress (Street end Number or Rural P		,,	ID 21090		
	1V Buriel 2 Cremetion 3 Removal from State	remetory or other s	sposition(Name of ark Cemetery	1	CATION — City or T	,		
	21. BIOHATUNE ON FUNERAL SERVICE OCCUMENT	, 1	22. NAME AND ADDRESS OF FA	CILITY		, MD		
	Dawn F. McDonald	m	MacNabb Fune 301 Frederic	k Rd., Bai	ltimore	, MD21228		
	23. PART I. Enter the diseases, or complications that caused the cashock, or heart feiture. List only one cause on each lin IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	na.				Approximete Interval Between Onset and Death		
NO	sequentielly list conditions, Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of):							
CERTIFICATION	cause. Enter UNDERLYING	EOUENCE OF):						
TIE	CAUSE (Disease or injury that initiated events resulting in death) LAST	EQUENCE OF):						
	d							
CAL	PART ii. Other significant conditions contributing to deeth but not	resulting in th	e underlying ceuse given in	Part i. 24s. WAS AN PERFOR		b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
PHYSICIAN: MEDIC				1 TYES 2	□ NO	OF DEATH? 1 YES 2 NO		
.ï.				_		1 129 2 NO		
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	QT	26. PLACE OF DEATH (Ch	eck only one)				
HYS	1 ☐ YES 2 ☐ NO	3 DOA 4	Nursing Home 5 - Residence	6 Other (Specify) 28d. DESCRIBE HOW II	IIIBY OCCUBED			
ВУ РІ	1 Natural 5 Pending (Month, Day, Year) 2 Accident Investigation	INJURY	WORK? M 1 YES 2 NO	asa. Describe now ii	JOHN OCCURED			
	3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At 1 building, etc. (Specify)	nome, term, street	t, tectory, office	28t. LOCATION (Street a City or Town, State)	nd Number or Rural	Route Number,		
COMPLETED	29e. CERTIFIER (Check only one) CERTIFYING PHYSICIAN: To the best of my knowledge, one)							
	one) 2 MEDICAL EXAMINER: On the besis of exemination end/o	r Investigation, in			1000			
TO BE	Ihh		ファン	838	▶ 06/1	3/94		
	John Shavers, M.D. 518 Cam	p Mead		thicum, M	ID 2109	0		
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1 - FOR STATE REGISTRAD

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR		CER	IFICAL	E OF	DEATH		REG. NO.	•		
	- 1	1. DECEOENT'S NAME (First, Middle, Last)		A 16	AL 1800 Z	0		MONT	OF DEATH	AY	VEAD 1	. TIME OF OEATH
		OSEPH 4. SOCIAL SECURITY NUMBER	EDWARD 5. SEX 6.		HE , S			+	Jun 5 1			5:02 pm м
		2		AGE (In yrs. last birti	RS. MONTHS	DAYS	HOURS MIN.		OF BIRTH		Country)	ACE (State or Foreign
pino		9e. FACILITY NAME (If not institution, give		/3	9b, CIT	Y. TOWN C	OR LOCATION OF D	EATH	1.3,19	9c. COUNT	PAR	/ LOIN
3 should	뜨	Saint Joseph Hospi					on, Maryl				altimo	
1, 2,	5	RESIDENCE OF DECEDENT										
Pages	DIRECTOR	10a. STATE 10b. COUNT		10	CITY TOWN	1						Od. INSIDE CITY LIMITS?
īmit.		100. STREET AND NUMBER	limore		IMR	KVI.	. ZIP CODE			10a CITIZE		YES 2 NO
as the burial-transit permit. Pages 1,	FUNERAL	2957 5062000	n Avs			"	יוף בנוכ			()	5 6	4
physician. burial-trar	N	11. MARITAL STATUS	12. WAS DECEDENT E		13.		ENDENT OF HISPA			or No- 1	A. RACE -	- American Indian,
e bur	ВУ Е	1 Never Married 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR				ecify Cuben, Mexico 2 NO Specia		Ricen, etc.)		Specify:	White, etc.
	ED E	15. DECEDENT'S EDI	ICATION		INT'S USUAL (CCUPATIO	DN .	161	. KIND OF BUS	SINESS (IND.)	two	(1) 3
0 7		(Specify only highest grad Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(Give ki	of work done	during mo		101	o. KIND OF BO	SINESS/INDU) I MI	
hospital ached fo	릴	10 YRS.		SELF	SME	0	STOW	5	7 25/12	22211	0.2	
the ho	COMPLET	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	ME (First,	Middle, Maiden	Surname)		
# P &	BE	JOHN 110	346				LAT	ASER	ZOis	KOYE	ROF	1
retained to 5 should notified	5	19e. INFORMANT'S NAME (Type/Print)	Rourks	19b. MA	1.1		and Number or Rural	Route Num	ber, City or Tow	n, State, Zip C	ode)	
y be		200, METHOD OF DISPOSITION	NOURKS	20b. PLACE AND I		ARF	0.10		ARKV	CATION - CH	/ARY	1800 3134
Jeath. Page 6 may be funeral director, page xaminer must be		ON Buriel 2 ☐ Cremetion 3 ☐ Ren 4 ☐ Donetion 5 ☐ Other (Specify)	noval from State	cemetery, cremato	y or other place			OAT		CATION - CI	y or lown	Doevla-0
Page al dire		21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE	I PRINCE	22	NAME AL	ND ADDRESS OF FA	CILITY		ASIA IT	75 1	HIVLERO
death. Pag funeral di I. examiner		1/20 1J	_ \				CHAPIL		15400 G	(157	J 14. 5	
after after by the mova		23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, Approximate							Approximata			
filled in to on, or re		ahock, or heart failura. iMMEDIATE CAUSE (Final	List only one ceuse	on each line.								interval Between Onset end Deeth
reely madi		diseese or condition resulting in death)	-MYOCARDI	AL INFAR	CTION							DAYS
executed within and completely o burial, crematic event, t				AS A CONSEQUEN								
and com bunial,	NO N	Sequentially list conditions, Due TO (OR AS A CONSEQUENCE OF): VEARS									YEARS	
ician rior t	FICATION	If sny, leading to immediate ceuse. Enter UNDERLYING	DIABETES I		or or j.							V=455
ertificating physiene p	트	CAUSE (Disease or injury thet initieted events		AS A CONSEQUEN	CE OF):							YEARS
end th	ERTI	reaulting in death) LAST	d									
F We Be	L C	PART ii. Other significant condition	ns contributing to de	eth but not reeul	ting in the u	nderiyin	g couce given in	Part i.	24s. WAS AN			ERE AUTOPSY FINOINGS
that the ed by the and any in	DICAL								PERFOR		C	WAILABLE PRIOR TO OMPLETION OF CAUSE
requires been sign c. of Healt shows	MEC											F DEATH?
he law requires tha thas been signed to bept. of Health a m 23 shows any		DID TOBACCO USE	CONTRIBUTE '	TO CAUSE	OF DEA	TH Y	ES NC) [A]				
V: The cate has State D	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHE	R:	ACE OF DEATH (C)					
SICIAN: The certificate h the State 1, or Item	PHYS	1 YES NO 27. MANNER OF OEATH	28e, DATE OF IN.		OA 4 INU	28c. INJ	Ne 5 Reeldence		SCRIBE HOW I	N IIIBY OCCII	PEO	
NG PHYS fler this ceath with marked,		Natural 5 Pending	(Month, Day,		INJURY M	WC	YES 2 NO	200. 02	SOMBE NOW I	NOON1 OCCO	neo	
NDING F. After I death	D BY	3 Suicide 8 Could not be	28e. PLACE OF II building, etc	NJURY — At home, I	erm, atreet, fe	ctory, offic	•	281. LOC	ATION (Street of Town, State)	and Number or	Rural Rou	ite Number,
OR ATTENDING PHYSICIAN: The law DIRECTOR: After this certificate has brouns after death with the State Dept. Hem 28 is marked, or Item 23	ETE	4 Homicide determined		, (opcony)				City	or lown, state/			
	립		SELAN: To the pest of my									
HOSPITAL FUNERAL within 72 I	COMPL	ONE) MEDICAL EXAMIN	Ely On the basis of exact	Mation and/or Inves	igation, in my	epinion_ d	leath occured at the	time, dete	and place, en	d due to the	cause(s) a	nd manner as stated.
TO THE HOSPITA TO THE FUNERA DE filed within 7	Ä	296. SIGNATURE AND TITLE OF CENTIFY					29c. LICENSE NU	MBER		294. DATE 1	HIGNED IN	forth, Day, Ward
T OF T P	면 면 면	20 NAME AND ADDRESS OF THE PERSON OF THE PER	/ / /	6			000562			D 6	6	99
		30. NAME AND ADDRESS OF PERSON WI RICHARD D. BIGGS		OSLER D		CITT	ממכ שוד					
I		31. DATE FILED (Month, Day, Year)	32. REDISTRAR		*/T A &	DUT.	rr 309		-			
		JUN 1 3 199		widow Par	dull							

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DIVISION OF VITAL RECORDS, P.O. BOX

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
be filed within 72 hours after death with the State Dept. of Heatth and Mental Hygiene prior to bunial, cremation, or removal.
IMPORTANT: if Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTA	L HYGIENE
RAR	CERTIFICATE OF DEATH	REG. NO.
NAME (First Adiddle Loot)		

	1 - FOR STATE REGISTRAR		/ DEPARTMENT OF HE		AL HYGIENE REG. NO.		
	1. OECEOENT'S NAME (First, Middle, Las			2. DAT	E OF DEATH		3. TIME OF DEATH
	ROBERT	BLAIR O'M.	ALLEY	MON	400	1994.	245 AM
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs.	A MONTHS DAVE .		OF BIRTN (h, Pay, Year)	8. BIRTNE	LACE (State or Foreign
	309 148 977		9 YRS.	IOURS MIN.	1100	10.0	Hirbian DE
l ~	9e. FACILITY NAME (If not institution, giv	street and number)	9b. CITY, TOWN OR	LOCATION OF DEATN	9c. 0	COUNTY OF DE	ATN
Ē	RESIDENCE OF DECEDENT	LATITION MOSPITAL	BALL	MORS.			
DIRECTOR	10e. STATE 10b. COU	ITY	10c. CITY, TOWN OR LOCATIO	N			10d. INSIDE CITY LIMITS?
	MARYLAND BAY	LIMORE	MARKY LL				1 TES 2 NO
FUNERAL	10. STREET AND NUMBER		10f. 2	IP CODE	10g.	CITIZEN OF WI	HAT COUNTRY?
Ä		7/1.		21234		U.S.	A.
	11. MARITAL STATUS 1 Never Merried 2 Merried	12. WAS DECEDENT EVER IN U.S., FORCES? 1 YES 2	NO If yes, spec	DENT OF NISPANIC ORIGI fy Cuben, Mexicen, Puerto		Bleck,	- American Indian, White, etc.
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES	t 🗌 YES Z	NO Specify:		Specify	100
COMPLETED	15, DECEDENT'S E (Specify only highest gra		DECEDENT'S USUAL OCCUPATION (Give kind of work done during most	of working	b. KIND OF BUSINESS	/INDUSTRY	1112
19	Elementery/Secondery (0-12)		ille. Do NOT use retired.)	or working			J
MP	127Ri	[1 1]	AINIENANCE -	SREMAN !	SLACK+1	ISCKE	R
	17. FATNER'S NAME (First, Middle, Last)			8. MOTHER'S NAME (First,	Middle, Maiden Surnan	10)	
R	190. INFORMANT'S NAME (Type/Print)		19b. MAILING ADDRESS (Street and	Alumber or Guest Goute New	1000	Tio Codes	0.2.010
은	Lucia M. O'r	YZILAL	3333 TEVAL A	is Post	City or lown, State	20000	AESIA
	20e. METNOD OF DISPOSITION	20b. PLAC	E AND DATE OF DISPOSITION (Name		TE 20c. LOCATION	- City or Tow	m, State
	Burlel 2 ☐ Cremetion 3 ☐ Re Donetion 5 ☐ Other (Specify)		cremetory or other place	VRY 50	13 Park	7 ELLIS	JARYLAM
	21. SIGHATONE OF FUNERAL SERVICE	LICENSEE		ADDRESS OF FACILITY	MEMORIE		
	I then on	No more	SVAID	LARFORD RO	on - Post	P. 2116	
	23. PART I. Enter the diseases, of	complications that caused tha	death. Do not enter the mode	of dying, such as car	diac or respiratory	arrest,	Approximate
	IMMEDIATE CAUSE (Final	a. List only ons cause on each il	ne.				interval Batween Onaat and Daath
	disesse or condition resulting in death)	a. METASTA	TIC COLON (ARCINOMA	ž.		24RS
	State and the state of the stat		SOUTH OF				
1	II.	OUE TO (OR AS A CONS	SECUENCE OF):				
NO	Sequentially list conditions,	b					
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IFICATION	if sny, laading to immadiata	b	SEOUENCE OF):				
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L CERTIFICATION	if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury that initiated evants resulting in death) LAST	bOUE TO (OR AS A CONS cDUE TO (OR AS A CONS d	SEQUENCE OF):			SV 24h i	WERE ALTERRAL EMPLANCE
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BY PHYSICIAN: MEDICAL	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evants resulting in death) LAST PART II. Other significant conditions of the condition of the condi	DUE TO (OR AS A CONS d. ONS CONTributing to death but no FLUTTER HOSPITAL: 1 Minpetient 2 ER/Outpetient 28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY — At building, stc. (Specify)	28. PLAC Tesulting in the underlying of the control of the contro	E OF DEATN (Check only of 5 Residence 8 Oth Y AT 28d. OE Ch)	24s. WAS AN AUTOP PERFORMED? 1 YES 2 NO or (Specify) SCRIBE NOW INJURY or Town, State)	OCCUREO mber or Rural Ro	AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH! 1 YES 2 NO
BY PHYSICIAN: MEDICAL	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evants resulting in death) LAST PART II. Other significant conditions of the condition of the condi	DUE TO (OR AS A CONS C. DUE TO (OR AS A CONS d. ONS CONTributing to death but no FLUTTER HOSPITAL: 1 (Winpstlent 2 ER/Outpstlent 28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY — At building, stc. (Specify) (SICIAN: To the beat of my knowledge,	28. PLAC 3 DOA 4 Nursing Home 28b. TIME OF INJURY M 1 YES home, ferm, street, factory, office	E OF DEATN (Check only of S Residence 8 Oth Y AT 28d. OE 7 2 NO 28f. LO	24s. WAS AN AUTOP PERFORMED? 1 YES 2 NO or (Specify) SCRIBE NOW INJURY or Town, State)	OCCUREO mber or Rural Ro atated.	AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATHY 1 YES 2 PNO
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DIVISION OF VITAL RECORDS, P.O. BOX 68

TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a float death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director page 5 should be detached for use as the burial-transit permit. Pages 1. 2. 3 should

	1 - FOR STATE REGISTRAR	STATE OF MARYLAN		TMENT OF			GIENE G. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DE	ATH	3. TIME OF DEATN		
	HIRBURT F.	OTTO. JR				HTHOM	49P1 &	YEAR IL: 17 A.M.		
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In y	rs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIF (Month, Day,	ТН	8. BIRTNPLACE (State or Foreign		
	219 01 9180	12 M 2 🗆 F	YRS.	MONTHS DAYS	HOURS MIN.	APRIL	2 1921	COUNTRY) CARYLAND		
	9a. FACILITY NAME (If not institution, give street	et and number)		9b. CITY, TOWN	OR LOCATION OF D	EATH		TY OF DEATH		
DIRECTOR	GOOD SAMARITAN HOLPITAL BALTIMORS									
H	10e. STATE 10b. COUNTY		10c. CITY	, TOWN OR LOC	ATION			10d. INSIDE CITY LIMITS?		
	MARYLAND BAL	TimoRs	150	ARMSY				1 TYES 2 NO		
FUNERAL	10e. STREET AND NUMBER			1	of. ZIP CODE		10g. CITIZ	EN OF WHAT COUNTRY?		
l ij	9610 HAROIN	6 AVE.			21231	+	1	1.S.A.		
5		12. WAS DECEDENT EVER IN U. FORCES? 1 YES 2			CENOENT OF HISPA pecify Cuben, Mexic			14. RACE — American Indian, Black, White, etc.		
BY I	1 Never Married 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATE			S 2 NO Speci		Jul.,	Specify:		
ED E		M·M·TT				- Charles and		STIME		
ETE	15. DECEDENT'S EDUCA' (Specify only highest grade co	mpleted)	(Give kind of w life. Do NOT us	ork done during n		16b. KIND	OF BUSINESS/INDU	JSTRY		
1 2	Elementery/Secondary (0-12)	College (1-4 or 5+)	O NOT US	- O		100	m- c			
COMPL	17. FATNER'S NAME (First, Middle, Last)		1107	LXIK		IAR	L. KO ?	1551		
	11				18. MOTNER'S N	AME (First, Middle,	Maiden Surname)	- > 0 0		
H	19a, INFORMANT'S NAME (Type/Print)	10, JR.			21126	ABETH	7CH	DieDeR		
TO B	0.0 -14 00 -	-	19b. MAILING	ADORESS (Street	end Number or Rural	Route Number, City	or Town, State, Zip	Code) al23		
	DOKOLAY 1 1. O	110	14810	HARO	JUL HL	L. LAR	VEX 1	ARYLANO		
	20s. METHOD OF DISPOSITION 1 Burlal 2 Cremetion 3 Remove	al from State 20b. PL	ACE AND DATE O	F DISPOSITION (f her place)	lame of	D-11	20c. LOCATION — C	\sim 1		
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICEN		SUTONA	OF FA	ITH	194	16032071	E I JARYLAND		
	21. SIGNATURE OF FUNERAL SERVICE LICEN	ISEE		EVA	ND ADDRESS OF FI	ET OF C	Lemori:	ن		
	Harlon AZN	ano. A			OHARF		on -Pa	ARKVILLS		
ERTIFICATION	shock, or heert failure. Liet only one dauge on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury thet initiated events resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
8	d.									
AL C	PART ii. Other significant conditione	contributing to deeth but	not resulting i	n the underlyi	ng ceuse given in		WAS AN AUTOPSY	24b. WERE AUTOPSY FINDING		
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. MED								OF GEATH?		
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IAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. 1	PLACE OF DEATH (C	heck only one)				
SICI/		HOSPITAL: Inpatient 2 K ER/Outpatie	ont 3 🗆 DOA	OTHER: 4 Nursing No	me 5 - Residence	6 Other (Spec	eify)			
РНҮ	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. IN	JURY AT	7	HOW INJURY OCC	URED		
D BY PF	1 Natural 5 Pending 2 Accident Investigation	(MORE), Day, Hear)	INJ		YES 2 NO					
0	3 Suicide 8 Could not be	28e. PLACE OF INJURY -	At home, farm, s	treet, factory, off	ice	281. LOCATION	(Street and Number of	or Rural Route Number,		
	4 Nomicide determined	building, atc. (Specify)				City or Town	r, State)			
PLE	29e. CERTIFIER 1 SC CERTIFYING PHYSICIA	AN: To the best of my knowledg	se death occurre	d at the time de	to and place, and du	a to the source(a) o				
1 5 1								cause(s) end manner es stated.		
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O BE CO	29b. SIGNATURE AND TATLE OF CERTIFIER	1 000 000	11		29c. LICENSE NU	MBER	29d. DATE	SIGNED (Month, Day, Year)		
2	20 NAME AND ADDRESS OF STREET	1-00 TV	12		1346	50	1	4PP1 P 201		
		COMPLETED CAUSE OF DEATH	60(Loch	Raven	Blue	k. Bult	o- und, 21239		
	31. DATE FILED (Month, Day, Year)	32. EGISTRABIS SIGNATU	IRE CONTRACTOR							

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DIVISION OF VITAL RECORDS, P.O. BOX 68760	HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with
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FOR STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEOENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 1994 Evelyn I. Orem June 12:05 A 7. DATE OF BIRTH (Month, Day, Year, 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Formion 1 M 2 F 216-12-3599 85 May 5. 1909 Maryland feath. Page 6 may be retained by the hospital or attending physician. funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street end number. 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 13317 Old Hanover Road Reisterstown Baltimore RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore Reisterstown 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 13317 Old Hanover Road 21136 USA 12. WAS OECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 MO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Merried 1 TYES 2 KNO Specify: В 3 Widowed 4 Olvorced white COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highes Elementery/Secondary (0-12) College (1-4 or 5+) Telephone Operator CEP Telephone Co. 12 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surneme) Paul Zimmerman ĕ Sarah Hitchcock BE notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Shirley M. Bosley 13317 Old Hanover Rd. Reisterstown, Md. 21136 be 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must Carrioll Cremation 6-11-94 Donation 5 - Other (Specify) . Hampstead. Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY 11824 Reisterstown Road Coms Eline Funeral Home Reisterstown, une npletely filled in by the cremation, or removal. the medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory errest, Approximate shock, or heart fellure. Liet only one ceuse on each line Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) months completely event. DUE TO (OR AS A CONSEQUENCE OF): burial traumatic CERTIFICATION and Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): 9 if any, leading to immediate cause. Enter UNDERLYING prior CAUSE (Disease or injury other Hygiene DUE TO (OR AS A CONSEQUENCE OF): that initieted eventa attending resulting in death) LAST 0 Mental the PART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? WERE AUTOPSY FINDINGS MEDICAL 3 6 Cerconivaccular DISCOR AVAILABLE PRIOR TO COMPLETION OF CAUSE any signed I 1 TYES 2 NO OF DEATH? shows a 1 TYES 2 NO ō DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES PHYSICIAN: NO X Dept 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) item State certificate OTHER 1 - YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 6 Other (Specify) the 280. DATE OF ALKURY 27. MANNER OF DEATH 28b. TIME QF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED this c marked. 1 Natural
2 Accident 118116 5 Pending Investigation М 1 YES 2 NO BY After death 28e. PLACE OF INJURY — At home, farm, atreet, fectory, office building, atc. (Specify) 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 69 6 Could not be DIRECTOR: A hours after d item 28 is COMPLETED 4 Homicide 29e, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) and manner as stated. FUNERAL Within 72 h = 2 🗔 MEDICAL EXAMINER: On the beels of examination end/or investigation, in my opinion, death occured at the time, date end piece, end due to the ceuse(s) end menner es stated. TO THE HOSPITA
TO THE FUNERA
De filed within 7
IMPORTANT: 1 29c. LICENSE NUMBER BE Mory 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Arthur J. Lomant, 1702 Liberty Road M.D. Eldersburg, Maryland

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	1 - FOR STATE OF MARYLAND C	DEPARTME			MENTA	L HYGIEN	E		
	1. DECEDENT'S NAME (First, Middle, Last) JAMES Raymond	PRICE,	Jr.		2. DATE MONT	Uun 17	1994	YEAR 3.	TIME OF DEATH 7:40 am
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. In $1X$) M 2 \square F 78	YRS. IF UN	DER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	(Mont	OF BIRTH th. Day, Year) 11/15	1	Country)	ACE (State or Foreign
TOR	9a. FACILITY NAME (If not institution, give street and number) Saint Joseph Hospital RESIDENCE OF DECEDENT	9b. C		BOT, MARY			9c. COUNT	of DEAT	
DIRECTOR	10e. STATE 10b. COUNTY Marvland	10c. CITY, TOW	N OR LOCAT	Baltin	nore				d. INSIDE CITY LIMITS? X YES 2 \(\square\) NO
FUNERAL	3205 Southern Avenue		101	2121	4			_	AT COUNTRY?
BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. A FORCES? 1 MYES 2 IF YES, GIVE WAR OR DATES WWITT	RMED NO	If yes, sp	ENDENT OF HISPAI ecity Cuban, Maxica 2 NO Specif	n, Puarto	N? (Specify Yes Rican, etc.)	or No — 14	Black, V Specify:	American Indian, Thita, atc. White
COMPLETED	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)	ECEDENT'S USUAL Give kind of work do b. Do NOT use retire	ne during mo d.)	st of working		. KIND OF BUS		STRY	
COMP	12th Postal Worker U.S. Postal Ser 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname)								rvice
10 BE				nd Number or Rural	Route Num		n, State, Zip C	ode)	D 21220
	20s. METHOD OF DISPOSITION 20b. PLACE	AND DATE OF DISE	POSITION (Na		DAT	E 20c. LO	CATION - CIT	ty or Town	, Stata
	at Signature of Funeral Service Licenses White F. McDorald	/ 0	rema	tion So	ocie	ty of	Mar	ylan	d, Inc. MD 2122
	23. PART I. Enter the diseases, or complications that caused the dehock, or heart failure. List only one cause on each line immediate CAUSE (Final disease or condition	aath. Do not en	tar tha mo	da of dylng, auc	h as can	diac or respi	retory arres	it,	Approximate interval Between Onset and Death
	a. SEPTICEMIA DUE TO (OR AS A CONST	,							3DAYS
HIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING								UNK
CERTIFIC	CAUSE (Disease or Injury that initiated events resulting in death) LAST	OUENCE OF):							
7	PART II. Other algnificant conditions contributing to death but not	reaulting in the	underlyin	g cause givan in	Part I.	24a. WAS AN PERFOR	MED?	AM CC	ERE AUTOPSY FINDINGS AILABLE PRIOR TO OMPLETION OF CAUSE
N: MEDIC	DID TOBACCO USE CONTRIBUTE TO CAU	SE OF DE	ATH Y	ES NO		1 1 123 2	EVIIO	1 2	DEATH?
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO HOSPITAL: 1 Mineralent 2 ER/Outpetlent	3 DOA 4 I	ER:	ACE OF DEATH (Ch					
ВУ РН	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28b. TIME OF INJURY M	1 🗆 '	PRK? YES 2 NO	28d. DE	ŞCRIBE HOW II	JURY OCCU	RED	
a 1	3 Suicide 6 Could not be determined 28a. PLACE OF INJURY — At h building, atc. (Specify)				City	CATION (Street a or Town, State)			e Number,
COMPLEIE	(Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, d								nd manner as stated.
0 85	295. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITI	FM 27) (force Print)		29c. LICENSE NUI D39297	MBER		29d. DATE S	SIGNED (M	onth, Day, Year)
	MICHAEL RO, M.D. ST JOSEPH HOSP 31. DATE FILED (Month, Day, Year) 32. RESISTIANT SIGNATURE	7620 Y	ORKR	D. TOWSO	N, M	D. 21204	-		
	JUN 1 3 1994 Julia Burdan	Handall.							DHMH-16 Rev 1/89

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DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within any hours after death. Page 6 may be retained by the hospital or attending	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the hours after death with the State Deat of Hastin and Mental Humans prior to bring a removal	item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** 1. DECEOENT'S NAME (First, Middle, Last) POTTER. 2. DATE OF OEATH 3. TIME OF OEATH MILTON POTTER -7 - 94CECIL 12:40 PM " 6 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign Maryland 1 M 2 | F DAYS 214-09-5067 HOURS YRS. 3-10-191 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Washington County Hospital DIRECTOR Hagerstown Vashington County RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Washington Co. Hagerstown 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? #909 11 W. Baltimore St 21740 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 1 Never Married 2 Married If yes, specify Cuban, Maxican, Puarto Rican, atc.) 1 YES 2 NO Specify ΒY Specify: 3 🔀 Widowed 4 🗌 Divorced No White 16a. DECEDENT'S USUAL OCCUPATION
(Glaw kind of work done during most of working COMPLETED 15. DECEDENT'S EDUCATION 16b. KINO OF BUSINESS/INDUSTRY (Specify (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5 +) Janitor Board of Education 8 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Orville David Potter BE Sarah Pamelia Norris 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Martha Mongan West Side Avenue Hagerstown MD 21740 20a. METHOD OF OISPOSITION
1 Burlat 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State OATE 4 Deponstlop 5 Other (Specify) M. SIGNATURE OF UNERAL SERVICE LICENSEE Ronald Wade, Dir 22. NAME AND ADDRESS OF FACILITY State Anatomy Board 655W.BaltimoreSt,Balto, MD 21201 27. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Final disesse or condition resulting in death) CARDIO PULMONARY FAILURE
DUE TO (OR AS A CONSEQUENCE OF): 3 DAYS NTESTINAL RUPTURE
DUE TO (OR AS A CONSEQUENCE OF): 2 WEEKS CERTIFICATION Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING INTICA - ADDOMINAL ABSCESS
DUE TO (OR AS A CONSEQUENCE OF): 2 WEEKS CAUSE (Disease or Injury that initiated events

resulting in desth) LAST ADDISONIAN PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMEO? 246. WERE AUTOPSY FINDINGS AYAILABLE PRIOR TO DEMENIJA COMPLETION OF CAUSE 1 YES 2 NO HYPERTENSION, 1 TYES 2 T NO

DEIT	YDRATION				
25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF OEATH (C	heck only one)	
EXAMINER? 1 YES 2 NO	HOSPITAL: 1 inpatiant 2 inpatiant	3 DOA 4 Nu	R: rsing Home 5 🗌 Residence	8 Other (Specily)	
27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	26c. INJURY AT WORK? 1 YES 2 NO	28d. OEȘCRIBE HOW INJURY OCCURED	
3 Suicide 6 Could not be	28a. PLACE OF INJURY — A1 h building, etc. (Specify)	nome, farm, atreat, fac	tory, offica	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)	

29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. (Check only one)

2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and placa, and due to the cause(s) and manner as stated.

29b. SIGNATUAL AND TITLE OF CERTIFIER	29c. LICENSE NUMBER	29d. DATE SIGNED (Month, Day Year)
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	B 0 10000	1 - 10/1

20311 GATHANS KOND BONSBORD MD 21713 A REGISTIAN'S SIGNATURE

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with nous after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		ERTIFIC	ALE OF	DEATH	REG. N	D .					
	1. DECEDENT'S NAME (First, Middle, Last) ERNEST	PETERKIN				2. DATE OF DEATH OF O	9 9 YEA	3. TIME OF DEATN				
	249 32 00391	6. AGE (In yrs. Ia:	YRS. MOI	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	Co	RTNPLACE (State or Foreign unitry)				
TOR R	9a. FACILITY NAME (If not Institution, give street and number) 6253 ROBIN HILL RD. 9b. CITY, TOWN OR LOCATION OF DEATH BALTIMORE COUNTY BALTIMORE											
DIRECTOR	10a. STATE 10b. COUNTY MD BAL	TIMORE		TIMOR	E COUN'	ГҮ		10d. INSIDE CITY LIMITS? 1 YES XXX				
FUNERAL	100. STREET AND NUMBER 6253 ROBIN HILI	L RD.		101.	ZIP CODE 1267		10g. CITIZEN O	F WHAT COUNTRY?				
BY FUN	There wanted X K wanted											
COMPLETED	5-1	mpleted) (G	ECEDENT'S USU Give kind of work DO NOT use rel RCI 947	IAL OCCUPATION done during most ired.)	of working CKET	16b, KIND OF B	JSINESS/INDUSTRY	,				
ш	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) 19. MOTHER'S NAME (First, Middle, Meiden Surname) 19. LICE											
TO B	19a INFORMANT'S NAME (Resulpting)											
	20a. METHOD OF DISPOSITION Burlel 2 Cremation 3 Remova 4 Donation 5 Other (Specify)	of from State cemetery, cre	AND DATE OF DI ematory or other i		1 0	DATE 20c. L	alto Con	Town, State				
	21. SHONATURE OF FUNERAL SERVICE LICEN	Lock &		22. NAME AND	ADDRESS OF FA	AL HOME/	1304 N.	CENTRAL AV				
	23. PART I Enter the diesese, or consider, or heart fellure. Lie IMMEDIATE CAUSE (Finel disesse or condition resulting in death)	nplications that ceused the det only one cause on each line CAN CE S DUE TO (OR AS A CONSE	в.				Piratory errest,	Approximate interval Between Onset and Death				
CERTIFICATION	Sequentially list conditions, if sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (OR AS A CONSE										
EDICAL CI	PART II. Other significent conditions of	contributing to deeth but not	resulting in th	ne underlying	ceuse given in	Part I. 24e. WAS A PERFC	N AUTOPSY 2	14b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO CDMPLETION OF CAUSE OF DEATH?				
Σ	DID TOBACCO USE CO	ENTRIBUTE TO CAUS	SE OF D		S NO			1 YES 2 NO				
S	EXAMINER?	IOSPITAL:		HER:	CE OF BEATH (Ch							
PHYSICIAN	1 YES 2 NO 1	□ Inputlant 2 □ ER/Outpatient 3 28a, DATE OF INJURY	28b. TIME OF			8 Other (Specify) 28d. DESCRIBE NOW	INTERN OCCUPE					
	Natural 5 Pending	(Month, Day, Year)	INJURY	WOR	K?	200. DESCRIBE NOW	INJUNY OCCURED					
тер ву	2 Recident Investigation 3 Suicide 8 Could not be 4 Homicide detarmined	28a. PLACE OF INJURY — At he building, atc. (Specify)	ome, ferm, stree			281. LOCATION (Stree City or Town, Stat		al Route Number,				
COMPLET		N: To the best of my knowledge, de						e(s) and manner as stated.				
ЕСС	296. SIGNATURE AND ZITLE OF CENT HER	· · · · · · · · · · · · · · · · · · ·			29c. LICENSE NUI			ED (Month, Day, Year)				
00	X	MO			D356	010	1 / 1	10/94				
5	SAMU RI THE	COMPLETED CAUSE OF DEATH (ITE	M 27) (Type, Prin	no o	D DR	QUENI-	MELL	5 00211-				
	JUN 1 3 1994	32 REGISTRAR'S AGNATURE			7,1	The state of the s	INT V	2 IN AIT				

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DIVISION OF VITAL RECORDS, P.O. BOX 68760

Replacement

STATE OF MARYLAND /	DEPARTMENT OF	F HEALTH AND	MENTAL	HYGIENE
CF	RTIFICATE C	DE DEATH		DEC NO

		1 - FOR STATE REGISTRAR	STATE OF MARYLA		TMENT OF H		MENTAL HYGIENI REG. NO.	E					
		1. OECEOENT'S NAME (First, Middle, Last)	0	Di	-MAN	1	2. DATE OF DEATH	V VEAU	3. TIME OF OEATH				
		HERMAN	K.	1 1 1	MAN	,	MAY 2	3 1995	4 0305 m				
28		224-03-1648	1 💢 M 2 🗆 F 8	yrs. lest birthday) YRS.	IF UNDER I YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Sept. 14,	Cou	OTHPLACE (State or Foreign intry) Virginia				
2, 3 should	<u>م</u>	9s. FACILITY NAME (If not institution, give stre				OR LOCATION OF O	EATH	9c. COUNTY OF	OEATH				
1, 2, 3	DIRECTOR	Northwest Hospital Center Randallstown Baltimore											
30 es	REC	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCAT	TION			10d. INSIDE CITY LIMITS?				
physician. burlal-transit permit. Pages 1,		Md. Balt	imore	Re	istersto			<u>.</u>	1 TYES ZX NO				
sit per	FUNERAL	411 Valley Meado	w Cirolo Ant	т 2	101	21136			F WHAT COUNTRY?				
physician. burial-tran	S		12. WAS DECEDENT EVER IN	U.S. ARMEO	13. WAS DEC		NIC ORIGIN? (Specify Yes	U.S or No.— 14. RA	A • A • CE — American Indian,				
	BY	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 YES		If yes, sp	ecify Cuban, Maxica 2 NO Specify	n, Puerto Rican, etc.)	BI	ock, White, atc. White				
use use	COMPLETED	15. OECEDENT'S EOUCA (Specify only highest grade co	TION ompleted) College (1-4 or 5+)	16a. OECEOENT'S (Give kind of slife. Do NOT us	USUAL OCCUPATION Work done during mose retired.)	ON est of working	16b. KINO OF BUS	INESS/INDUSTRY					
retained by the hospital or 5 should be detached for unotified at once.	APL	Q Q	College (I-4 or 5+)	Mech	anical W	orker	AT	r					
the hos detach	00	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maiden						
ed by	BE	Daniel Pittman					ie Weaver						
	2	19s. INFORMANT'S NAME (Type/Print) Edith Pittman		19b. MAILING	AODRESS (Street a	eadow Ci	Route Number, City or Town	State, Zip Code)	terstown, Md				
ay be		20a. METHOO OF DISPOSITION	20b.		OF OISPOSITION (Na			CATION — City or					
ter death. Page 6 may be the funeral director, page oval.		1 X Burial 2 Cremation 3 Remove 4 Donation 5 Other (Specify)		tery, crematory or o eadowric	ige Memo	rial Par	k 5/26/94	Baltimo	ore, Md.				
death. Pag tuneral di. I. examiner		21. SIGNATURE OF FUNERAL SERVICE LICEN	reb			o ADORESS OF FA	ciuty neral Chape	1	21117				
after death. by the funera moval. cal examir		H.J. Eckhardt			116	05 Reist	erstown Rd.	, Owing	s Mills, Md.				
d in by the or removal		23. PART I. Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or heart fellure. Liet only one ceuse on each line. Approximate interval Between											
		IMMEDIATE CAUSE (Finel disease or condition	METAST	ATIC	^^·	TOF	, 0000	. 1-4.	Oneet and Death				
or with or property fille tremation, event, the		resulting in death) a.	META ST	CONSEQUENCE OF	DA OA	1 CEL	CARC	INOMA	> > 177.				
등 등 등 등	NO	Sequentielly list conditions, D. DIE TO OR AS A CONSEQUENCE OF											
be clan	CERTIFICATION	If any, leeding to immediate cause. Enter UNDERLYING	DUE TO (ON AS A	CONSEDUENCE OF	r):								
death certificate attending physiene pri	HE	CAUSE (Disease or Injury that initiated events	OUE TO (OR AS A	CONSEQUENCE OF	F):								
tal Hyg	Ë	resulting in death) LAST											
the death y the atter d Mental	AL C	PART II. Other significent conditions	contributing to death bu	t not resulting	in the underlying	g ceuse given in	Part I. 24s. WAS AN		4b. WERE AUTOPSY FINDINGS				
등 하 등 >	MEDIC	COPD, DEGE	NERATIV	E JO	NT	DISEA	SE PERFORI	9 -	AMILABLE PRIOR TO COMPLETION OF CAUSE OF CEATH?				
requires that been signed by of Health an		PROSTATE (ANCER						t - YES				
e law has be Dept.	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL		-	26 01	ACE OF BEATH (Ch.	ant anti-and						
Micate h State C	SICI	EXAMINER?	OSPITAL:	tlant 3 DOA	OTHER:	ACE OF DEATH (Ch	6 Other (Specify)						
this certification with the Ared, or	РНҮ	27. MANNER OF OEATH	26a. OATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 26c. INJ	URY AT	28d. OESCRIBE HOW IN	JURY OCCUREO					
DING PHYS After this o death with s marked,	BY	1 Natural 5 Pending 2 Accident investigation			M t 🗆 Y	rES 2 NO							
TTENDI TOR: A after d		3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE OF INJURY - building, atc. (Specif	— At home, term, (y)	street, factory, office	•	28t. LOCATION (Street a: City or Town, State)	nd Number or Rure	I Route Number,				
	COMPLETE	298. CERTIFIER 1 CERTIFYING PHYSICIA	AN: To the best of my knowle	dge, death occurr	ed at the time, data	and place, and due	to the cause(s) and man	ner se stated.					
HOSPITAL FUNERAL Within 72 TANT: 11	SON	one) 2 MEDICAL EXAMINER:	On the basis of examination	and/or investigation	n, in my opinion, d	eath occured at the	time, data and place, and	I due to the cause	e(a) and manner as stated.				
TO THE HOSPITAL TO THE FUNERAL DE filed within 72 IMPORTANT: II	BE	29b. SIGNATURE AND TITLE DF CERTIFIER	i len			29c. LICENSE NUM	7333	29d. DATE SIGN	EO (Month, Day, Year)				
	5	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type,	Print)	MD 2	-1137	•					
		31. OATE FILED (Month, Day, Year) JUN 13 1994	32. REGISTRAR'S SIGNA	TURE	3								

L.R.B.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within and requires there has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR				STA	TE O	F MARYI	AND	/ DEP	ARTME	NT OF	HEALTH AL	ID MENTAL	HAGIENE
ITEMS:	23	PART	Ι,	II,	27,	28a-f,	PER	MEO	FILM	G-712	6/22/94	t.t	

1 - STATE REGISTRAR	OINIE OI I	CE										
1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DEATH		wran	3. TIME OF DEATH		
LEON PIERSON JUNE 08 1994 2:10P												
4. SOCIAL SECURITY NUMBER	IF UNDER 1 YEAR			7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHP	LACE (State or Foreign					
	MONTHS DATS	NOURS	MEIN.	4-7-59			yland					
	AVE.			Balti	more	Ci	ty.					
	,		10c. CIT	Y, TOWN OR LOCAT	ION					10d. INSIDE CITY		
Maryland Baltimore 113 YES 2 □ NO												
11. MARITAL STATUS V 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yea or No — 14. RACE — Arme												
IF YES GIVE WAR OR DATES												
										Plack		
15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working) 16b. KIND OF BUSINESS/INDUSTRY												
Elementary/Secondary (0-12) College (1-4 or 5+) life. Do NOT use retired.) Disablitiv												
17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Last)												
ECUL O. TELSON ELIZABETH JETTERSON												
19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number. City or Yours, State, Zip Code)												
Deborah, Elizabeth Pierson 2625 Molton Way Baltimore, Md 21244												
206. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION — City or Town, State												
4 Donation 5 Other (Specify) VIII PATR												
21. SIGNATURE OF FUNERAL SERVICE LIGHTSEE 22. NAME AND ADDRESS OF FACILITY												
* //// * ///////												
23. PART . Enter the diseases, or o	omplications tha	t caused the de	ath. Do i	not anter the mo	de of dvir	NOT1	n Ave. Z	ratory an	rest	Home Approximate		
ahock, or heart fallura.	List only one cau	ise on aech ilne.			,			,		interval Between Onset and Death		
All and a second second second	NARCOTT	AND COCA	TNE T	NTOXICATIO	N					Chaet and Daath		
resulting in death)					-					<u> </u>		
	b											
if any, laading to immediate	DUE TO	(OR AS A CONSEC	UENCE O	F):								
CAUSE (Disease or injury	C	(OD 40 4 00)										
that initiated events resulting in death) LAST	DOE 10	(OH AS A CONSEC	DENCE O	F):						i		
	d											
PART ii. Other significant condition	s contributing to	death but not re	sulting	In the underlying	causa g	lven in	Part i. 24s. WAS AN			WERE AUTOPSY FINDINGS		
HYPERTENSIVE CARDI	OVASCULAR	DISEASE								COMPLETION OF CAUSE OF DEATH?		
										1 _ YES 2 _ NO		
DID TOBACCO USE C	CONTRIBUTE	TO CAUS	E OF	DEATH Y	ES 🗌	NO						
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				ACE OF DE	ATH (Che	ck only one)					
1 X YES 2 NO	1 Inpatient 2		□ DOA	4 Nursing Hom	e 5 🗆 Res	sidenca	6 XOther (Specify)	N ST	REET			
	28a. DATE OF (Month, D	INJURY lay, Year)	IN.	JURY WO	RK?			NJURY OC	CURED			
2 Accident Investigation				J		NO						
3 Suicide S Could not be	28e. PLACE C building,	atc. (Specify)					28f. LOCATION (Street in City or Town, State)	1700 V	or Aural Ad	H AVE.		
29a CERTIFIER			-									
(Check only												
5 WINFOICAL EXAMINE		xaminetion end/or in	rveatigatio	on, in my opinion, d	eath occure	ed at the	time, date end place, an	d due to th	na ceuse(s)	and manner ee stated.		
POUND ON SIDEWALK BALTIMORE, MD. 29e. CERTIFIER (Check only one) 2 XMEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and piece, end due to the ceuse(a) end manner se stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. OATE SIGNED (Month, Day, Year)												
										00 1004		
30 NAME AND ADDRESS OF BEREAU WAY	O COMPLETED COM	DE DE DEATH OFFI	lan ~	2/-4	0.0	C.M	. C.	J	UNE	09 1994		
30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAU											
30. NAME AND ADDRESS OF PERSON WH	Cros u	111 Pe					more, Ma					
	1. DECEDENT'S NAME (First, Middle, Last) LEON 4. SOCIAL SECURITY NUMBER 220-76-0215A 9a. FACILITY NAME (If not institution, give s 1700 W. NORTH RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY Maryland 10a. STREET AND NUMBER 3715 Clarks Lane 11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced 15. DECEDENT'S EDU (Specify only highest grade) Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Last) Leon H. Piers (1) 19a. INFORMANT'S NAME (Type/Print) Deborah, Flizat 24. METHOD OF DISPOSITION 1 Burlet 2 Cremetion 3 Rem 4 Donation 5 Other (Specify) 11. BICHATURE OF FURE ALL SERVICES LIST 23. PART FENTAR THA diseases, or a shock, or heart failure. IMMEDIATE CAUSE (Final diseases or condition resulting in death) Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evanta resulting in death) LAST PART II. Other significant condition HYPERIENSIVE CARDI DID TOBACCO USE (Cardinal investigation) 1 Natural S Pending Investigation 3 Sucided S Could not be datarmined 29a. CERTIFIER 1 CERTIFYING PHYSICOLOR 29a. CERTIFIER 1 CERTIFYING PHYSICOLOR 29a. CERTIFIER 1 CERTIFYING PHYSICOLOR 29a. CERTIFIER 1 CERTIFYING PHYSICOLOR 20a. CERTIFIER 1 CERTIFYING PHYSICOLOR 20a. CERTIFIER 1 CERTIFYING PHYSICOLOR 20a. CERTIFIER 1 CERTIFYING PHYSICOLOR 20a. CERTIFIER 1 CERTIFYING PHYSICOLOR 25 MEDICAL EXAMINE	1. DECEDENT'S NAME (First, Middle, Lest) LEON 4. SOCIAL SECURITY NUMBER 220-76-0215A 9e. FACILITY NAME (II not institution, give street and number) 1700 W. NORTH AVE. RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY Maryland 10e. STREET AND NUMBER 3715 Clarks Lane Apt. 11. MARITAL STATUS 1 Never Married 2 Married 12. MAS DECEDENT 10b. COUNTY 15. DECEDENT 15. DECEDENT'S EDUCATION 16. STREET AND NUMBER 3715 Clarks Lane Apt. 11. MARITAL STATUS 1 Never Married 2 Married 12. MAS DECEDENT 15. DECEDENT'S EDUCATION 16. STREET AND NUMBER 16. STREET AND NUMBER 17. STREE	DECEDENT'S NAME (First, Middle, Last) LEON	DECEDENT'S NAME (First, Middle, Lest) LEON	Decedent's Marke (First, Middin, Lead) LEON PIERSO	REGISTRAR CERTIFICATE OF DEAT	REGISTRAN CERTIFICATE OF DEATH	Decembers Make (Piper, Medic, Last) LEON	DECEROIST NAME (PTX, MOSIG, Lati) LEGON PIERSON 2. ONTE OF DEATH RECORD NOT SHAPE (PTX, MOSIG, Lati) LEGON PIERSON 2. ONTE OF DEATH 2. ONTE OF DEAT	December Second		

2 92 3 1 2 1 2 1 W

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. Thours after death, Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be find within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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										0	4	1701			
	FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAND /	DEPAF ERTIF	RTMENT	OF H	EALTH DEA	AND 1	MENTAL HYG						
	1. DECEDENT'S NAME (First, Middle, Last)											3. TIME OF DEAT	тн		
	DAVID Mich	nael			D7	RHA	M		JUNE	DAY 7	YEAR 94	2:51	AM.		
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. las	t birthday)	IF UNDER		IF UNDER	24 HRS.	7 DATE OF BIRTH		1	IPLACE (State or Fo			
	220-90-3564	1 X M 2 🗆 F	26	YRS.	MONTHS	DAYS	HOURS	MIN.	9/24/	² 8	Mar	Maryland			
	96-FACILITY NAME (If not institution, give s	treet and number)			9b. CITY,	TOWN O	R LOCATI	ON OF DE			JNTY OF O	EATH			
TOR	4503 HOMER AVE				BAI	TIN	10RE	CI	TY						
DIRECTOR	Maryland 106. COUNT	7		10c. CIT	Balti	R LOCAT	ON					10d, INSIDE CITY LIMITS? 1 \(\text{YES} \) 2			
AL AL	10el STREET AND NUMBER			-		101.	ZIP COO	E		10g. CIT	FIZEN OF W	VHAT COUNTRY?			
FUNERAL	4503 HOmer Aven	ue					212	18			U.S.A	Δ			
5	11, MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AR	MED			ENDENT C	OF HISPAN	HC ORIGIN? (Specif	Yea or No-	No 14. BACE — American Indian.				
BY F	1 Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE V	YES 2 N	X				in, Maxica Specify	n, Puarlo Rican, atc	.)	Black, White, atc.				
			Х				X					3 ack			
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	completed)	(Gi	ve kind of	work done d			ng	16b. KIND OF	BUSINESS/IN	DUSTRY				
PE	Elamentery/Secondary (0-12) College (1-4 or 5+) Construction														
0	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname)														
BE C	Robert Parham Dorothy Lee Horne														
	19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO AOORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)														
2	Patricia M. I														
	20a. METHOD OF DISPOSITION Burlat 2 Cremation 3 Ram	ovel from State	20b. PLACE	NDDATE	OF DISPOSI					LOCATION -	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7				
11.11	4 Donation 5 Other (Specify)	-	cemetery cre	butu:	s Mem	oria	al Pa	ark	6/10/9	4 Arb	utus,	, M.D.			
	21. SIGNATURE OF FUNERAL SERVICE LIC	SHOPE .	A					SS OF FA							
Щ	1/10	Delow	w						own Comm			W. Nort	:h Av		
	23. PART I. Enter the diseases, or a shock, or heart feliure.	complications the List only one ceu	t caused the de use on each line	eth. Do	not antar	tha mod	da of dy	ing, auci	n as cardiac or n	espiratory ar	rrast,	Approxim interval B			
- 6	IMMEDIATE CAUSE (Final Onset and Daeth														
	disease or condition														
		DUE TO	(OR AS A CONSEC	DUENCE O	F):				,						
ERTIFICATION	Sequentially list conditions,	b	(OR AS A CONSEC	DUENCE O	FI:										
AT	If any, leading to immediate cause. Enter UNDERLYING		(VOLITOR O	. ,.										
잂	CAUSE (Diseese or injury that initiated events	C. OUE TO	(OR AS A CONSEC	UENCE O	F):										
E	resulting in death) LAST	d.													
Ü															
EDICAL	PART II. Other algorificant condition	a contributing to	death but not re	eauiting	In the unc	derlying	cause	jívan in	PEF	S AN AUTOPSY IFORMEO? S 2 NO	24b.	WERE AUTOPSY FI AVAILABLE PRIOR COMPLETION OF O DF DEATH?	10		
ME									_ 170	0	: 1	1 YES 2	NO		
	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO THE PER 2 NO														
CA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER	_	ACE OF O	EATH (Che	ock only one)						
HYSICIAN:	YX YES 2 NO	1 Inpatient 2		□ DOA			5 X R	aldenca	6 Other (Specify)						
H	27. MANNER OF OEATH	28a, OATE OF (Month, D	INJURY ay, Year)	28b. TIM	IE OF JURY	28c. INJU	JRY AT		28d. OESCRIBE H	W INJURY OC	CURED				

28a, OATE OF INJURY (Month, Day, Year)

28c. INJURY AT WORK? 1 YES 2 NO 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify)

28d. OEŞCRIBE HOW INJURY OCCURED

28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)

6 Could not be

1 Natural

2 Accident

3 Suicide

4 Homicide

ВУ

COMPLETED

BE

2

29c. LICENSE NUMBER O.C.M.E.

29d. DATE SIGNED (Month, Day, Year) JUNE 7,1994

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

D. KOREL 4 PRUSTS 111 Penn Street, Baltimore, Maryland 21201

ng ng kaling ang kaling panggangan

DIVISION OF VITAL RECORDS, P.O. BOX 68760.	BALTIMORE, MARYLAND 21215-0020
AL DR ATTENDING PHYSICIAN: The law requires that the death certificate be peculied within a mount and death certificate by attending physicia	num and death. Page 6 may be retained by the hospital or attending physici
4. DIRECTOR: After this certificate has been signed by the attending subsection and competitively liked in by the funeral director, page 5 should be detached for use as the burial-to-barries and the b	in by the funeral director, page 5 should be detached for use as the bunal-

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG. NO.

	REGISTRAR	CERTIF	CATE OF DEATH	REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last) 50 SEPH BR	OOKE RECTO	Q		3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5. SE		IF UNDER 1 YEAR IF UNDER 24 HRS.		BIRTHPLACE (State or Foreign
	213242956 10	M 2 □ F 65 YRS.	MONTHS DAYS HOURS MIN.	JAN Day, Year)	Country)
	9a. FACILITY NAME (If not institution, give street and	d number)	9b. CITY, TOWN OR LOCATION OF DE		Y OF DEATH
СТОВ	GOOD SAMARITA	N HOSP.	BALTIMORI	5 CITY -	
ш	10a. STATE 10b. COUNTY	10c. CITY	TOWN OR LOCATION		10d. INSIDE CITY
DIR	MARYLAND BALT	TIMORE CO. FR	ARKVILLE		LIMITS?
FUNERAL	15 TOMMY	TRUE CONK	27 101. ZIP CODE 2123	4 10g. CITIZE	N OF WHAT COUNTRY?
N I		AS DECEDENT EVER IN U.S. ARMED DRCES? 1 YES 2 NO	13. WAS DECENDENT OF HISPAN	IC ORIGIN? (Specify Yea or No	4. RACE — American Indian-
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	YES, GIVE WAY OR DATES ORDAN — ARM	If yes, specify Cution, Maxical 1 YES 2 NO Specify		WHITE
TED	15. DECEDENT'S EDUCATION (Specify only highest grade comple	(Give kind of v	USUAL OCCUPATION work done during most of working	18b. KIND OF BUSINESS/INDU	STRY
COMPLET	Elamentary/Secondary (0-12) Coffe	1099 (1-4 or 5+)	e retired.)	walt - ma	VALFR
Ø.	17. FATHER'S NAME (First, Middle, Last)	1 TEVEL	16. MOTHER'S NAI	ME (First, Middle, Maiden Surname)	111001
ш	ROZIER R.	RECTOR	ESTA	HER MAE	BITZER
TO B	19a, INFORMANT'S NAME (Type/Print)	19b. MAILING	ADDRESS (Street and Number or Rural F	loute Number, City or Town, State, Zip C	ode)
	20a. METHOD OF DISPOSITION	COX 39:	5/ BALLIMOI	CE ST. KENS	SINGTON, M
	1 Burial 2 Cremation 3 Ramoval from 4 Donation 5 Other (Specify)	om State 20b. PLACE AND DATE Company of a hatory or of	of Disposition (Name of the plage)	6-8 ALEXANI	VIA, VA
	21. SIGNATURE OF FUNERAL SERVICE LICENSES	1 - 41GH	22. NAME AND ADDRESS OF FA	WIN WOOD ("Hafail
	When F.	you mores	2 200 4	MEROND RI	PORKVILL
\Box	23. PAST VEnter the dispass, or compli- shock, or hear failure. List or	cations that caused the deeth. Do n	ot enter the mode of dying, auch	ee cerdiac or reepiratory arres	
	IMMEDIATE CAUSE (Final	Typone ceuse on each line.			Intarval Between Onset and Death
	disease or condition	DUE TO (OF AS A CONSEQUENCE OF	failure		5 min
_	_	DUE TO (OR'AS A CONSEQUENCE OF	n: <i>U</i>		7 . 6
CERTIFICATION	Sequentially liet conditions, if any, laading to immediate	DUE TO (OR AS) CONSEQUENCE OF	1:		1 mone
CA	cause. Enter UNDERLYING CAUSE (Disease or injury				
E	that initiated eventa resulting in deeth) LAST	DUE TO (OR AS A CONSEQUENCE OF):		
CER	d				
	PART II. Other eignificant conditions conf	tributing to death but not reaulting i	n the underlying cause given in	Pert i. 24s. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
EDICAL				1 YES 2 NO	COMPLETION OF CAUSE OF DEATH?
Σ				_	1 TYES 2 WNO
AN	25. WAS CASE REFERRED TO MEDICAL		00 EV 105 05 05 05 05 05 05 05 05 05 05 05 05 0		
SICIAN:	EXAMINER? HOS	SPITAL: npetlant 2 ER/Outpetlant 3 DOA	26. PLACE OF DEATH (Che OTHER: 4 Nursing Homa 5 Residence		
РНҮ	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year) INJ	OF 28c. INJURY AT	28d. DESCRIBE HOW INJURY OCCU	RED
BY	1 Natural 5 Pending 2 Accident Investigation		M 1 YES 2 NO		
	3 Suicide 8 Could not be 4 Homicide detarmined	28a. PLACE OF INJURY — At home, farm, a buffdfing, atc. (Specify)	treet, factory, offica	28f. LOCATION (Street and Number of City or Town, State)	Rural Route Number,
L					
COMPL	(Check only	o the beat of my knowledge, death occurre he basis of examination and/or investigation			
	29b. SIGNATURE AND TITLE OF CERTIFIER	and an arrangement			
BE		ddem . M.D.	P-ON		NEY 1994
2	30. NAME AND ADDRESS OF PERSON WHO COM	PLETED CAUSE OF DEATH (ITEM 27) (Type,		- 3	NE 4, 1994
	NASSER MOUHADDEM	, M.D. GOOD SAI	1 Hosp. 5611	LOCH RAVEN	Blud Balt M
	JUN 1 3 1994	2. HOGSTHATTS SIGNATURE Julia Deviden Banda			21239
	WON T 0 1994	Jandell Mandell			•

PHYSICIAN: The law requires that the death certificate be executed within 2 Grouns after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, he filed within 72 hours after death with the State Deut of Health and Mental Hymiene prior to hurial cremation, or memoral	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once
1: The law requires th	cate has been signed state Dept. of Health	item 23 shows an
TO THE HOSPITAL OR ATTENDING PHYSICIAN:	R: After this certifing the Real of the Re	is marked, or
IR ATTE	IRECTOR	9m 28
TAL 0	RAL DI	: If He
TO THE HOSF	TO THE FUNE be filed within	IMPORTANI

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) Geor/ge Gregor Rohwer 2. DATE OF DEATH 6-8-94 3. TIME OF DEATH Anuse 6-8-1994 5:30P 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. HOURS 579 14 2975 XX 2 F YRS. 79 5 - 12 - 1Virginia 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 1502 Circle Drive Annapolis Anne Arundel Co RESIDENCE OF DECEDENT 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Anne Arundel Co Annapolis 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 1502 Circle Drive 21401 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Cuben, Maxican, Puerio Rican, etc.)
1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY Specify:White 3 Widowed 4 Divorced COMPLETED 15. DECEOENT'S EDUCATION (Specify only highest grade complete 16a. OECEDENT'S USUAL OCCUPATION (Give kind of work done during most of life. Do NOT use retired.) 16b. KINO OF BUSINESS/INDUSTRY most of working Elementary/Secondary (0-12) College (1-4 or 5+) US Dept Agriculture 12 4+ Administration 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surneme) Sievert Rohwer BE Portia Brown 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 0 Mr Rohwer Son Frank 710 Bancroft Way, BatonRouge, LA 70808 20a. METHOD OF DISPOSITION
1 ☐ Burlal 2 ☐ Cremation 3 ☐ Ramoval from,State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, Stata remova] 4 Donation 5 Other (Specify) in State 21. SIGNATURE OF FUNERAL SERVICE LICENSEE RODALD 22. NAME AND ADDRESS OF FACILITY Wade, Dir State Anatomy Board 655W.BaltimoreSt,Balto,MD21201 9 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata ahock, or haart fallura. List only one cause on each line. Intarval Between MMEDIATE CAUSE (Final Onset and Death disease or condition reaulting in death) PHYSICIAN: MEDICAL CERTIFICATION Sequantially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseasa or injury DUE TO (OR AS A CONSEQUENCE OF) that initiated eventa resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24s, WAS AN AUTOPSY 1 YES NO OF OFATH? 1 TYES 2 THO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpetient 2 | ER/Outpetient 3 | DOA OTHER: 1 YES 21 NO 4 - Nursing Homa 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCURED 5 Pending Investigation Natural В 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — building, etc. (Specify) 3 Suicide At home, farm, street, factory, office 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) ED 8 Could not be 4 Homicide COMPLET 1 K CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) end manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and piece, and due to the cause(s) and manner as stated, BE 29c. LICENSE NUMBER 0 OF DEATH (ITEM 27) (TYPE, Print) 1994 32. REGISTRAR'S SIGNATURE

S. Carlon

		FOR 1 - STATE REGISTRAR	STATE OF	MARYLAND		RTMENT				MENTA	L HYGIEN			
		1. DECEDENT'S NAME (First, Middle, Las	,				<u> </u>	DEA			OF DEATH		EAR 3.	TIME OF DEATH
		JOSHUA ROBER	I RYAN	A ACE //		1		T		06			4	4:45 M
		N/A	1. M 2 F	6. AGE (In yrs. I	YRS.	MONTHS 1	DAYS	IF UNDER	MIN.	(Monti	OF BIRTH		Country)	ACE (State or Foreign
phode		9a. FACILITY NAME (If not institution, giv	e street end number)			9b. CITY, 1	8 TOWN C	OR LOCATI	ON OF OE		15 = 30 = 1994 Maryland TH 9c. COUNTY OF DEATH			
2,3	СТОВ	Greater Baltimore Medical Center Baltimore City Towson Baltimore											P	
Pages 1,	ЕШ	10e. STATE 10b. COUR	YTY		10c. CITY, TOWH OR LOCATION								d. INSIDE CITY	
F. 28	DIR	Maryland	Balti	Baltimore Ba					Bal	timo	re Cit		LIMITS?	
t permit.	RAL	10e. STREET AND NUMBER		101. ZIP CODE							N OF WHA	T COUNTRY?		
020 physician. bunal-transit	FUNERAL	6209 Birchwood	NT EVER IN U.S. A	DMED	40.34	10.050	ENDENT A	212						
DZO physic burial		1 🖔 Never Married 2 🗌 Merried	YES 2	NO If yee, specify Cuben, Mexican,						n, Puerto Rican, etc.) Black, Whi			American Indian, hite, etc.	
5-0020 anding physic as the bunal) BY	3 Widowed 4 Divorced		1 ☐ YES 2/XNO Specify: Specify:							White			
or afte	ETED	15. DECEOENT'S El (Specify only highest gra		Give kind of	work done du	CUPATIO	ON st of workli	ng	16b	KIND OF BUS	SINESS/INDUS	TRY		
NO 2 hospital of ached for	PLE	Elementary/Secondary (0-12) N/A	+) "	(Give kind of work done during most of working life. Do NOT use retired.) N/A										
LAND 21215-0020 the hospital or attending physician, detached for use as the bunial-trar once.	COMPL	17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Melden Surname)												
# & & &	BE (Scott E. Ryan									Allen			
retained by 5 should by notified a	0	19e. INFORMANT'S NAME (Type/Print)		1							oer, City or Town			
S S S S S S S S S S S S S S S S S S S		Scott E. Ryan	<u>-</u>	20h BL ACI		OF DISPOSIT			senu	e Bo	eltimo)	re. Ma		
Page 6 may be a director, page ner must be		1 Buriel 2 Cremetion 3 Re 4 Donetion 5 Other (Specify)	moval from State	cemetery, c	remetory or	other place) Memo/	ria	l. Pav	rk 6	110/9	PA Bal	l timor	o M	aryland
		21. SIGNATURE OF PURERAL SERVICE	LICENSEE	0	000700	22. N	AME AN	ID ADORE	SS OF FA	CILITY				
bAL IIN hours after death. Pag ed in by the funeral di or removal. medical examiner		Drega	Ellen	V_		79	aa⇔i	KUCK	Augus	erax	Home (of Vun	dalk	, Inc.
E 3 & a	П	23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart failure. Liet only one cause on each line. 7922 Wise Avenue Dundalk MD 21222 Approximate Interval Between												
filled in on. or re		IMMEDIATE CAUSE (Finsl disease or condition	6.1.			ere i	p- 5.	h 2 - 1	· 10 ·					Onset and Desth
completely file ial. cremation.		resulting in death)												
B 5 - 6	z		CA	ENTEROCOLITIS										
	САТІО	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONSEQUENCE OF):											
icate be ophysician be prior to	S	cause. Enter UNDERLYING CAUSE (Disease or Injury	c EXI	KEM	ME REMAIU ONSEQUENCE OF):						()	 		
death certificate be attending physicial ental Hygiene prior iny, or other traus.	RTIFI	that initiated events resulting in death) LAST	DOE TO	(OH AS A CONS	EOUENCE (
. 94 3	8	DADY II. Other significant condition	O	d-at-t-a										
that the condition of t	EDICAL	PART II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY PERFORMED? COMPLETION DEC.											RE AUTOPSY FINDINGS AILABLE PRIOR TO MPLETION DF CAUSE	
requires that the requires that the requires that the requires that the requirement of Health and shows any in							-			_	1 TYES 2	NO	OF	DEATH?
Sh of	AN: M	DID TOBACCO USE	CONTRIBUTE	TO CAU	ISE OF	DEATH	H Y	ES 🖂	NO					_ 123 2 (g. 110
	SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:		ACE OF D	EATH (Ch	eck only on	e)			
ATTENDING PHYSICIAN: The COTOR: After this certificate is after death with the State 128 is marked, or item	14SI	1 YES 2 NO 27. MANNER OF DEATH	1 Di Inpatient 2		7	4 - Nursir	ng Hom		eldence					
The state of the control of the cont	/ PHY	1 Natural 5 Pending	(Month, I	Day, Ybar)	26b. TII	JURY M	WO	URY AT RK?	NA NO	26d. DES	CRIBE HOW IN	NJURY OCCUI	A .	
DR ATTENDING DIRECTOR: After hours after death tem 28 is mai	D B	2 Accident Investigatio 3 Suicide 6 Could not b	26e, PLACE	OF INJURY — At I	nome, ferm,	street, factor					ATION (Street e		Rural Rout	number,
ATTEN ATTEN ECTOR: 5 after 7 a 28 i	ETEI	4 Homicide determined	bullaring	, etc. (Specify)						Спу	or Town, State)			
TAL DR A AL DIREC 72 hours 11 item	IPLE		YSICIAN: To the best o	f my knowledge, o	death occur	red at the tim	ne, date	end place	, end due	to the cau	ese(e) end men	iner ee atated.		
	COMPL	one) 2 MEDICAL EXAM	NER: On the beels of a	examination and/o	r Investigsti	on, in my opi	inion, d	eath occur	red at the	time, date	end plece, end	d due to the d	ceuse(e) er	d menner ee atated.
· 불분절	BE (296. SIGNATURE AND TITLE OF CERTIF	I HEA) DIV	1. Of		1100	29c. LICI	ENSE NUN	MBER	,	29d. PATE S	IGNED (M	onth, Day, Year)
₽₽3₹	2	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAL	ISE OF DEATH (IT			HQ		12	-21	14	X	me	7,94
		AMBADAS PA	THAK.	7. D. C	SB	Me	,6-	701	NO	HAR	LESS	T 181	ILTO	21204
_		31. DATE FILED (Month, Day, Year)	32. REGISTR	AR'S SIGNATURE			1							
	1 K	JUN 1 3 19	94 Juli	L Deviden	Bond	.00								

DHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burla-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH														
	CATHERINE	R	RIGATUSO						MONTH DAY YEAR			5:40 P. M			
1	4. SOCIAL SECURITY NUME	5. SEX 6. AGE (In yrs. last birtho) IF UNDE	R 1 YEAR	IF UNDE	R 24 HRS.	7. DATE OF BIRTH . a. BIRTHPLACE			IPLACE (State or Foreign			
	220-72-3653	1 🗌 M 2 💢 F	□ M 2 1 69 YRS			MONTHS DAYS HOURS MIN.			(Month, Day, Year)			Countr	Country)		
	9e. FACILITY NAME (If not in		9b. CITY, TOWN OR LOCATION OF DE					MAY 19, 1925 MARYLAI							
R	32 MANSION				NTHI						ARUNDEL				
DIRECTOR	RESIDENCE OF DEC														
#	10e. STATE	10b. COUNTY			10c. C	TY, TOWN	OR LOCA	TION						10d. INSIDE CITY LIMITS?	
	MARYLAND		ANNE ARU	NDEL		LIN	THIC	UM						1 - YES 2 X NO	
FUNERAL	10e. STREET AND NUMBER						10	f. ZIP COD	E			10g. CIT	IZEN OF V	VHAT COUNTRY?	
当	32 MANSION	ROAD							21090)		Į	J.S.A	١.	
5	11. MARITAL STATUS		12. WAS DECEDEN FORCES? 1	T EVER IN U.	S. ARMED	13.	WAS DE	CENDENT (OF HISPAN	IIC ORIGIN? (S	pecify Yee	or No		— Americen Indien, k, White, etc.	
BY	1 Never Merried 2 X 3 Widowed 4 Divo		IF YES, GIVE V						Specify		11, 410.7		Speci	the:	
			ATION			1								WHITE	
	(Specify only	EDENT'S EOUC highest grade of		16	Give kind of life. Do NOT	I work done	during me	ON ost of worki	ing	16b. Kti	NO OF BUS	INESS/IN	DUSTRY		
COMPLETED	Elementery/Secondary (0	1-12)	College (1-4 or 5	+)	HOMEM		,				7	IOMEN	MAKIN	īC	
<u> </u>	17. FATHER'S NAME (First, M	iriria Last)			HOPIEM	AKEK	_	40.1107	WED:0 114	ME (First, Midd			MALLI	16	
	FREDERICK C		R							H. TH		,			
H	19e. INFORMANT'S NAME (7				19b MAII II	G ADDRES	S /Street			Route Number,			n Codal		
2	VICTOR D. R		O. SR.							NTHICU			21090	,	
	20e. METHOD OF DISPOSIT	ION		20h PL	ACE AND DAT	_			DIL	DATE			City or To		
	1X Burlel 2 ☐ Cremetlo 4 ☐ Donetion 5 ☐ Other		val from State	cemeter	rv. crematory or	other place	1		שפאס	1	1			, , , , ,	
1	4 Doneston 5 Other (Specify) MEADOWRIDGE MEMORIAL PARK 6/13 ELKRIDGE 21. SIGNATURE OF FUNDING SERVICE LICENSEE														
- 1	1	6 X	1	7)							, INC.			
_	/ Louis	1./	mil	_										MD. 21229	
	23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory errest, ahock, or heert failure. List only one cause on each line.														
	IMMEDIATE CAUSE (Fin	naí	4-11	++				. 0	1		$\left(\right)_{\alpha}$			Onset and Death	
	disease or condition resulting in death) . Metastake Cervey Chranton Prunary 1/4														
	DUE TO (OR AS A CONSEQUENCE OF)														
ON	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OR)														
E	if eny, leeding to immediate cause. Enter UNDERLYING														
CERTIFICATION	CAUSE (Disease or Injury thet Initiated events DUE TO (OR AS A CONSEQUENCE OF):														
F	resulting in deeth) LAST														
	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS														
EDICAL						in the u	11		given in	Part i. 24	PERFOR		24b.	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO	
음	- triens	selve	olie a	ZINOU	My 4	Arun Brace					YES 2	_	COMPLETION OF CAUSE OF DEATH?		
ME)		-					1 _ YES 2 _ NO	
	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES TO NO TO														
S	25. WAS CASE REFERRED TO EXAMINER?		HOSPITAL:	<u> </u>				LACE OF C	DEATH (Ch	eck only one)					
Š	1 YES 2 100		1 Inpatient 2	ER/Outpatie	nt 3 🗆 DOA	OTHE 4 □ Nu		no 5 D	sidence	6 Other (S)	pecify)				
PHYSICIAN:	27. MANNET OF DEATH		28e. DATE OF (Month, D		28b. T	ME OF	26c. IN.	JURY AT		28d. DESCR	BE HOW II	JURY OC	CURED		
BY	1 Natural 1 1		М		YES 2 [NO									
8		Could not be	28e. PLACE C building,	etc. (Specify)	At home, ferm	, street, tac	ctory, offic	ie .				nd Numbe	r or Rumi F	Toute Number,	
	4 Momicide determined City or Town, State)														
교															
COMPLET	CENTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) end menner ee stated. 2 MEDICAL EXAMINER: On the best of mention end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) and menner es stated.														
ш	296 SIGNATURE AND TITLE	OF CENTIFIER	1)	11	11/		1	zau. LIC	ENSE NU	BER (29d. DAT	E SIGNED	(Nethy) Des. Year)	
8	Cellai	1X	Kaw	NY	0)			D	33	26		•	6/10	194	
유	30. NAME AND ADDRESS OF						-								
	DR. RICHAI	RD A. B	BAUM - 1	600 CR	RAIN H	I GHWA	Y-SC	UTH-	SUIT	E 507-	GLE	N BU	RNIE	, MD.21061	
	31. DATE FILED (Month, Day,	Year)	32. REGISTRA	R'S SIGNATU	IRE	-					-				
- 1	IIIN 1.31	1004	1000	15	The state of the s										

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	REGISTRAR		CERTIF	ICATE OF	DEATH	REG	. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEA			3. TIME OF DEATH		
	SHEILA RICH					JUNE	09	94	7:57A M		
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AG	E (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRT	ГН	6. BIRT	HPLACE (State or Foreign		
		1 🗆 M 2 💢 F	31 YRS.	MONTHS DAYS	HOURS MIN.	8-4-62	bar)	Coun	őklyn, N.Y.		
J.B	9a. FACILITY NAME (If not institution, give str 5437 16th AVE			96. CITY, TOWN	OR LOCATION OF DE	EATH E		JNTY OF			
5	RESIDENCE OF DECEDENT										
DIRECTOR	Maryland 106. COUNTY	-	10d. INSIDE CITY LIMITS? 1 YES 2 X NO								
FUNERAL	100. STREET AND NUMBER 5437 1	6th Ave.	Apt. 2	10	H. ZIP CODE		10g. CIT	CITIZEN OF WHAT COUNTRY?			
Z	11. MARITAL STATUS	12. WAS DECEDENT EVER	R IN U.S. ARMED	13. WAS DE	CENDENT OF HISPAI	VIC ORIGIN? (Spec	Ify Yea or No		E — American Indian,		
BY FI	Never Married 2 X Merried 3 Widowed 4 Divorced	FORCES? 1 YES		If yes, s	S 2 NO Specific	in, Puerlo Ricen, a	(c.)	Spe	ok, White, etc.		
8	15. DECEDENT'S EDUC		16e, DECEDENT'S	USUAL OCCUPAT	ON	DIACK					
COMPLETED	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	Iffe. Do NOT us	work done during more retired.) USEWIFE	ost of working		OF BUSINESS/IN				
N N	17. FATHER'S NAME (First, Middle, Last)										
BE CC	SAMUEL HAND	N A			16. MOTHER'S NA	ME (First, Middle, A Jear	Hanna				
5	19e. INFORMANT'S NAME (Type/Print) EDWARDO RI	СН			end Number or Rural						
	20e. METHOD OF DISPOSITION				VUNUE, F						
	1 X Burlai 2 Cremation 3 Remon	val from State	ob. PLACE AND DATE of emetery, cremetory or o Yulberry	prosposition (N Baptist	Church		e. LOCATION — Emmerto		own, State Virginia		
	21. BIONATURE OF SHIPERIM SERVICE LICE	No.			ND ADDRESS OF FA	CILITY			wn Community		
	11/100	lauce		F.H.	1206 W.						
CERTIFICATION	shock, or heart failure. L IMMEDIATE CAUSE (Final disease or condition reauting in death) Sequentially flat conditions, If any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury	DUE TO (OR AS	OHOLISM A CONSEQUENCE OF	7):					interval Batwean Onsat and Dasth		
RTIF	DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST										
8	Diese is one of the second										
EDICAL	PART ii. Other significant conditions	contributing to death	but not resulting	n the underlylr	g cause givan in	1 2	AS AN AUTOPSY ERFORMED? 'ES 2 \(\sum \) NO	24	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?		
Σ						_ '`			1 TES 2 NO		
	DID TOBACCO USE CO	ONTRIBUTE TO	CAUSE OF	DEATH Y	ES NO						
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. P	LACE OF DEATH (Ch	eck only one)					
1S		1 Inpellant 2 ER/Ou	stpatient 3 DOA		ne 5XX esidence	6 Other (Specific	y)				
PHYSICIAN:	27. MANNER OF DEATH 1 ★★ Netural 5 Pending	(Month, Day, Year)		URY W	JURY AT DRK? YES 2 NO	26d. DESCRIBE	OO YRULNI WOH	CCURED			
D BY	2 Accident Investigation 3 Suicide 6 Could not be	26e. PLACE OF INJUR	RY — At home, ferm, specify)		28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
	4 Homicide determined					ony or rown,	Oldioy				
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICION ONE) 2 MEDICAL EXAMINER	IAN: To the best of my kno									
	296/\$H\$MATURE AND TITLE OF CEREFIER	00 (1								
O BE	Harry &	lle A,	1		O . C . I			UNE	10/94		
2		COMPLETED CAUSE OF E			reet, B	altimo	ce, Ma	ryl	and 21201		
	31. DATE FILED (Month, Day, Year)						-,	-1-			
	JUN 1 3 1994	June Dew	idson-Aendo!	9							

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 687604

		74 11020									
		ENT OF HEALTH AND MENTAL HYGIENE ATE OF DEATH REG. NO.									
1 1	1. DECEDENT'S NAME (First, Middle, Last)	2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATN									
	ANNA ELIZABETH SLEMAKER June 11, 1994										
	220-24-3270 1 DM 2 0XF 90 YRS. MONT	June 8, 1904 Md.									
DIRECTOR	90. FACILITY NAME (if not institution, give street and number) 1752 Y2 FOY rest AVE. RESIDENCE OF DECEDENT	CITY, TOWN OR LOCATION OF DEATH BALTIMORE Baltmore									
E C	10s. STATE 10b. COUNTY 10c. CITY, TO	WN OR LOCATION 10d. INSIDE CITY									
	Md. Baltimore Pa	RKVILLE 109. CITIZEN OF WHAT COUNTRY?									
FUNERAL	1752 V2 FORTEST AVE	21234 USA									
	1 Never Married 2 Married FORCES? 1 YES 2 NO	13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No— If yea, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc.									
B	3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES	t TES 2 NO Specify: Specify: WHITE									
E C	15. DECEDENT'S EDUCATION (Specify only highest grade compoleted) (Give kind of work of	AL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY									
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5 +) 12 College (1-4 or 5 +)	11									
l w l	17. FATHER'S NAME (First, Middle, Last) William Charles Hughes	18. MOTHER'S NAME (First, Middle, Maiden Surname) Bertha Parks									
10 B	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AOD	RESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)									
F	JOHN H. SIEMAKER, SR 6105	Sunny LANE Balto, Md. 21207									
	209 METNOD OF DISPOSITION 1 Burlal 2 Cremetion 3 Removal from State 20b PLACE AND DATE OF DIS										
	4 Donation 5 Other (Specify) MORELAND	MEMORIALPARK PARKVIlle, Md									
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	22. NAME AND ADDRESS OF FACILITY EVANS CHAPEL BENDVICES									
	► Charles 7. Evans h.	8800 HARFORD Rd. Bostimore, Md. 21234									
	23. PART I. Enter the diseases, or complications that caused the death. Do not e shock, or heart failure. List only one cause on sach line.										
	IMMEDIATE CAUSE (Final	interval Between Onset and Death									
	disease or condition resulting in death)	e zyro.									
	DUE TO (OR AS A COMEQUENCE OF):										
RTIFICATION	Sequentially list conditions,	Antwee 14.									
SAT	If any, leading to immediate cause. Enter UNDERLYING	bourdalor andores In-									
Ě	that initiated events DUE TO (OR ALL A CONSEQUENCE OF):	1474.									
I W I	resulting in death) LAST										
0	PART ii. Other algoriticant conditions contributing to death but not resulting in the	e underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS									
MEDICAL		PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE									
E		1 VES 2 NO OF DEATH?									
		1 TES 2 NO									
SICIAN:	25. WAS CASE REFERRED TO MEDICAL	28. PLACE OF OEATN (Check only one)									
Sic		HER: Nursing Nome 5 Rasidence 8 Other (Specify)									
РНҮ	27. MANNER OF DEATH 28s. OATE OF INJURY (Month, Day, Year) INJURY	28c. INJURY AT 28d. OESCRIBE HOW INJURY OCCUREO WORK?									
ВУ	1 Natural 5 Pending 2 Accident Investigation	M 1 TYES 2 NO									
ED	3 Suicide 8 Could not be 28s. PLACE OF INJURY — At home, farm, street, building, atc. (Specify)	, factory, office 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)									
	4 Nomicide datarmined										
COMPLET	29s. CERTIFIER (Check only one) One) One) One MEDICAL SYMMETER One)										
8	2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in	my opinion, death occured at the time, data and place, and due to the cause(a) and menner as stated.									
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)									
0	20 NAME THE ADDRESS OF PERSON WHO DOWN	1100 10 6/13/94									
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print), S. ELLIOTT HARRIS 8100 HARFOR	DI MILLO MILL									
	31. DATE FILEO (Month, Day, Year) 32. REGISTRAR'S SIGNATURE										
	JUN 1 3 1994 Julia Saidan Pandase										



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Michael P.

31. DATE FILED (Month, Day, Year)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

M.D.

32. REGISTRAR'S SIGNATURE

Luka Devide

Tower 110

Johns Hopkins Hospital

Boyle

1 3 1994

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH SUMMERVILLE SABELLA 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 217-16-6444A 1 M 2 14 DAYS HOURS PA YRS. 1-31-1900 use as the burial-transit permit, Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 732 E PRESTON ST DIRECTOR BALT RESIDENCE OF DECEDENT 10e, STATE 10b. COUNT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD BA Lt 1 Z YES 2 NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1732 E. PRESTON USA 2/2/3 be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 2 NO IF YES, GIVE WAR OR DATES 14. RACE — American Indian, Black, White, etc. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-1 Never Married 2 Merried It yes, specify Cuban, Mexican, Puerto Ricen, etc.)

1 YES 2 NO Specify: Specify: BLACK BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EQUICATION 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY tuneral director, page 5 should be detached for College (1-4 or 5+) HOUSE- WIFE 1.0 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumerne) OLIVER BELRY 657 DLIVIA BE notified 19e. INFORMANT'S NAME (Type/Print) and Number or Rural Route Number, City or Town, State, Zip Code) 2 THELMA 1608 E. 51 RESTON BALL MD. 21217 pe 20a. METHOD OF DISPOSITION
1 Buriel 2 Cremation 3 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State Page 6 may OATE must BALTIMORE BALL. 4 ☐ Donetton 5 ☐ Other (Specify) CEM. examiner 21. SIGNATURE OF FUNERAL SERVICE LIKENSEE BA4 MO212/3 BEHS FUNERAL HOME 1129 N. CAROLINES n by the 1 nemonal. medical 23. PART I. Enter the di eases, or complications that causad tha death. Do not entar tha mode of dying, such as cardiac or respiratory arreat, Approximate shock, of heart failure. List only one cause on each line. £ Interval Between 8 completely filled IMMEDIATE CAUSE (Final Onset and Death cremation the disease or condition resulting in death) Aspiration 1 DAY event. DUE TO (OR AS A CONSEQUENCE OF): in and cont to burial, Alzheiners Disease traumatic 5 YEARS CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate attending physician prior cause. Enter UNDERLYING CAUSE (Disease Dr Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in daath) LAST 0 of Health and Mental Injury. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINOINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED? any 1 TYES 2 NO Shows 1 TYES 2 NO been DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES PHYSICIAN: has b. Dept. 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one, certificate hi Item OTHER: 1 TYES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA nce 6 - Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY 26b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED this c marked. 1 Natural 1 YES 2 NO ВУ After Accident Investigation 3 Suicide 28e. PLACE OF INJURY — At home, term, street, tectory, office building, etc. (Specify) 28t. LOCATION (Street end Number or Rural Route Number, City or Town, State) 28 is 6 Could not be determined DIRECTOR: / COMPLETED 4 Homicide 29e. CERTIFIER
(Check only one)

CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) end menner ee stated. 8 TO THE HOSPITAL OF THE FUNERAL D BE filed within 72 ho 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and memor as stated 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) MBoylemo - Resident, Johns Hopkins

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6/12/94

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TAL RECORDS, P.O. BOX 687	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with
DIVISION OF VITAL RECORDS, P.O. BOX 68760	DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with norms after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

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1	FOR STATE REGISTRAR	STATE OF MARYLAN		TMENT OF		MENTAL HYGIEN	E			
1	. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH		
	KIM NARROM	V STEVEN	1SON	•		MONTH DA	-	EAR 4		
	I. SOCIAL SECURITY NUMBER		rs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	6.	BIRTHPLACE (State or Foreign		
7	220-76-2844	1 - M 2 DF 35	YRS.	MONTHS DAYS	HOURS MIN.	2 ~ 2 2 ~ /	959	Country) MD		
	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH									
DIRECTOR	UNION MEMOR									
	IOa. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCA	ATION			10d, INSIDE CITY		
뜽	MP -			BALT				LIMITS?		
	00. STREET AND NUMBER				Df. ZIP COOE		10a CITIZEN	OF WHAT COUNTRY?		
FUNERAL	2925 KIRK A	VE			21218			SA		
Z F	II. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S	S ADMED	142 490 00		NIC ORIGIN? (Specify Yes				
. 11	Never Married 2 Married Widowed 4 Divorced	FORCES? 1 YES 2	MO	if yes, s	pecify Cuban, Maxica S 2 NO Specif	an, Puerto Rican, etc.)		RACE — American Indian, Black, White, etc.		
ا ۾	15. DECEDENT'S EDUC	ATION 16	a. DECEOENT'S	USUAL OCCUPAT	ION	16b. KIND OF BUS				
COMPLETED	(Specify only highest grade (Elementary/Secondary (0-12)	Completed) College (1-4 or 5+)	(Give kind of the life. Do NOT us	work done during n se retired.)	ost of working	1111/15/20/20/20/20				
⊒ ∥	(12)	Conege (1-4 or 5+)	LA	boR		BACT.	6.17	FY		
8 1	7. FATHER'S NAME (First, Middle, Last)				18 MOTHER'S NA	AME (First, Middle, Malden		/		
	LEON STEVENS	00/			COAC	E WILK	CO CA	d		
0	9a. INFORMANT'S NAME (Type/Print)	070	T							
	GRACE WILKE	505001				Route Number, City or Tow				
- 11-			292			BALT N				
1	toa. METHOD OF OISPOSITION Description Description Burner	val from State 20b. PL:	ACE AND DATE (ry, crematory or o	OF DISPOSITION (I ther plece)	leme of	OATE 20c. LO	CATION — City	or Town, State		
2	21. BECHATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 1/29 N. CAROLINE									
1	She welled 1/2	an Attend		Rap	T. C.	11/1/2-	- 001	1 4 0		
	BETTS FUNERAL HOME BALL MO 21213									
- 11.	23. PART. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or reapiretory arrest, shock, scheart failure. List only one cause on each line.									
	MMEDIATE CAUSE (Final							Onset and Dea		
	disease or condition resulting in death)	DISSEM!	NAT	ED M	YCU BAC	CIERIOS	5/5	9 mos		
	200.077222	DUE TO (OR AS A CO	NSEQUENCE O	F):		_	-			
z II.		CELLUC OUE TO (OR AS A CO	-AR	IMM	UNODE	FICIEN	CY	5 TRS		
	Sequentially list conditions, if sny, laeding to immedieta	OUE TO (OR AS A CO	NSEQUENCE O	F):				0		
3	CAUSE (Disease or injury	RETP	OUIT	2AC	INF	ECTION		8425		
든 li	that initiated events	DUE TO (OR AS A CO	NSEQUENCE OF	F):						
땶 '	resulting in death) LAST	•								
_	PART ii. Other significant conditions	contributing to death but	net reculation	la dha dantari d			. Labora Inc.			
PHYSICIAN: MEDICAL	The state of the s	contributing to death but i	not readiting	ni the underlyii	ig cause given in	Part i. 24s. WAS AN PERFOR		24b. WERE AUTOPSY FINDING AVAILABLE PRIOR TO		
ă						1 : YES 2	□ NO	COMPLETION OF CAUSE OF DEATH?		
¥ I								1 YES 2 NO		
żΙ.	DID TOBACCO USE C	ONTRIBUTE TO CA	AUSE OF	DEATH	YES NO					
<u></u>	5. WAS CASE REFERRED TO MEDICAL EXAMINER?				PLACE OF OEATH (Ch	neck only one)				
<u></u>	the state of the s	HOSPITAL: 1 Inpatient 2 ER/Outpatie	mt 3 🗆 DOA	OTHER: 4 Nursing Ho	me 5 desidence	6 Other (Specify)				
₹ 2	7. MANNER OF OEATH	28a. OATE OF INJURY	26b. TIM	E OF 28c. IN	JURY AT	28d. OESCRIBE HOW II	NJURY OCCUR	EO		
	1 Returni 5 Pending Investigation	(Month, Day, Year)	INS	4.0	YES 2 NO					
BY	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY -	At home, farm,	street, factory, offi	ce	281. LOCATION (Street a	nd Number or F	Rural Route Number,		
Ĕ	4 Homicide determined	building, etc. (Specify)				City or Town, State)				
COMPLETED	9a. CERTIFIER CERTIFYING PLYSIC	NAME TO ALL DE LOS CONTROL CONTROLS CONTROLS CONTROLS CONTROLS CONTROLS CONTROL CONTROLS CONT	2010		eta a aviana de					
₹	(Check only	ZIAN: To the best of my knowledg								
g L	#EDICAL EXAMINER	t: On the beels of examination en	cuor investigatio	n, in my opinion,	geath occured at the	time, data and place, an	d due to the ce	ause(a) and manner ea stated.		
ш 2	96. SIGNATUME AND TITLE OF CERTIFIER				29c. LICENSE NUI	A STATE OF THE STA	29d. DATE SI	GNED (Month, Day, Year)		
8 _3	117 cucus	- www			D 37/	68	161	13/94		
⊢ 3	O. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH	/ITCM OT /Ton	Defeat)						

600 N

WORFE ST

VHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
SSON MO J (H | F

32. REGISTRAR'S SIGNATURE
GUNAL DEVILENCE

BARTME

		FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	TMENT OF	HEALTH AND F DEATH	MENTAL HYGIEI					
		1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATN		EAR 3. T	IME OF DEATN		
		FRANCINE 4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (SHERM		JUNE 2	1994	9	:53 P M		
Þjn		577 80 5551	1 □ M 2 🛣 F	(In yrs. lest birthday) 33 YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) July 19,1	960 I	country) Penns	ylvania		
2, 3 should	TOR	9a. FACILITY NAME (If not institution, give st SUBURBAN HOSP RESIDENCE OF DECEDENT			BETHI	OR LOCATION OF D	EATH	9c. COUNTY MON	OF DEATH			
permit. Pages 1,	DIRECTOR	10a. STATE 10b. COUNTY Maryland Montgo			y, town or Loc h Potom					. INSIDE CITY LIMITS? YES 2 X NO		
permit		10e. STREET AND NUMBER				10f. ZIP CODE		10g. CITIZEN		2.8		
isi	FUNERAL	13 Turley Court				20878		United	l Sta	tes		
21215-0020 If or attending physician. For use as the burial-transit	BY FU	11. MARITAL STATUS 1 Never Married 2 Werried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	XX NO	It yea,	ECENDENT OF HISPA specify Cuban, Maxic ES 2 XXVO Speci	NIC ORIGIN? (Specify Y an, Puerlo Ricen, atc.) fy:	98 or No.— 14.	Specify:	American Indien, ita, atc. asian		
	9	15. DECEDENT'S EDUC (Specify only highest grade	ATION completed)	16a. DECEDENT'S	work done during i	TION most of working		USINESS/INDUS	TRY			
	COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Preside	nt/Owne	r	America Corp	oration	ling			
YLA by the be def	BE CO	17. FATNER'S NAME (First, Middle, Last) Samuel Spadone				18. MOTHER'S NA	AME (First, Middle, Malde La Saccone	n Sumame)				
	10	Dr. Harvey Sherma	an	Same	address (Stree	and Number or Rural	Route Number, City or To	wn, State, Zip Co	de)			
MORE, I e 6 may be rector, page :		20a. METHOD OF DISPOSITION 1 Strict 2 Cremation 3 Remote 4 Donation 5 Other (Specify)		D. PLACE AND DATE			June 6m	ocation – city Olnev		state ryland		
BALTIMORE, after death. Page 6 may be by the funeral director, page moval. lical examiner must be		22. NAME AND ADDRESS OF FACILITY 1994 IVes—Pearson Funeral Homes Falls Church, Va. 22046 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,										
within nours within cours releasely filled in cremation, or re		23. PART I. Enter the diseases, or content of the c	a. Multi-T	ach lina.	iwite		ch as cardiac or res	piretory arrest	,	Approximata interval Batween Onset and Dasth		
P.O. BOX 687 th certificate be execute anding physician and co Hygiene prior to buria or other traumatic	CERTIFICATION	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a	A CONSEQUENCE O								
	A	PART II. Other eignificant conditions	s contributing to death b	out not reaulting	in the undariy	ing causa givan in		N AUTOPSY ORMED?	AWAI	RE AUTOPSY FINDINGS LABLE PRIOR TO IPLETION OF CAUSE		
OF VITAL RECORD HYSICIAN: The law requires that the this certificate has been signed by the with the State Dept. of Health and feed, or litem 23 shows any in the 13 shows and in the 13 s	: MEDIC	DID TOBACCO USE C	CONTRIBUTE TO	CAUSE OF	DEATH	YES I NO	/	- (1.10		PYES 2 NO		
ITAL RE IN: The law requirate has been State Dept. of Item 23 sho	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26.	PLACE OF DEATH (CI	92					
F VIT. SICIAN: The certificate to the State	YSIG	1 X YES 2 NO	HOSPITAL: 1 ☐ Inpatient 2/ XER/Outp			ome 5 🗆 Residence	6 Other (Specify)					
IISION OF VITAL RECOR ATTENDING PHYSICIAN: The law requires that COTOR: After this certificate has been signed by a after death with the State Dept. of Health an 128 is marked, or item 23 shows any	ву Рн	27. MANNER OF DEATN 1 Matural 5 Pending 2 Accident Investigation	26a. DATE OF INJURY (Month, Day, Year) 6 · 2 - 9	4 21:	23M 1	NJURY AT WORK? YES 2 NO	28d. DESCRIBE HOW DRIVER DBJEC	IN AU	TO_	in.		
DIVISION (TO THE HOSPITAL OR ATTENDING P- TO THE FUNERAL DIRECTOR: After th be filed within 72 hours after death w IMPORTANT: If item 28 is mark		3 Suicida 6 Could not be 4 Nomicide determined	28a. PLACE OF INJURY building, atc. (Spec	cify) STE	street, fectory, of	fica	281. LOCATION (Street City or Town, State SEVEN L	m)				
PITAL OR ERAL DIRI in 72 hour T: If item	COMPLETED		CIAN: To the best of my knowl R: On the basis of examination				e to the cause(s) and m	anner as stated.				
E HOS E FUN d with		296. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NU		29d. DATE SI				
는 무 의 를 사고 하는 다. 대 NPO	TO BE	1/1/4) N/S	ě.		O.C.M	.E.		NE 4	, 1994		
17/		30. NAME AND ADDRESS OF PERSON WIN	COMPLETED CAUSE OF DE				ltimore,					
		JUN 131994	32. REGISTRAR'S SIGN.	ATURE								

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DIVISION OF VITAL REC

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within and least. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burtal-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

BEG NO.

	1. DECEDENT'S NAME (First, Middle, Last)	11 10 1			IOAII		-		2. DATE OF DEATH			3. TIME OF DEATH
		Neil W	arren S	Smyth	iers				June 8.	199	YEAR	м
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	st birthday)	IF UNDER		IF UNDE		7. DATE OF BIRTH (Month, Day, Year)	7/		LACE (State or Foreign
	224-24-2613	1)√[X/M 2 □ F	72	YRS.	MONTHS	DAYS	HOURS	MIN.	02-08-192	22	Virg	inia
-	9a. FACILITY NAME (If not institution, give s 73 Del Río Road				9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY					NTY OF DEA	хтн	
P	RESIDENCE OF DECEDENT			Dundalk					Balt	timore		
DIRECTOR	10a. STATE 10b. COUNT	Υ		10c. CIT	Y, TOWN	OR LOCA	TION				1	Od, INSIDE CITY
12	Maryland			Dund	alk			LIMITS?				
AL	10e. STREET AND NUMBER					10	. ZIP COD			10g. CITIZ		AT COUNTRY?
FUNERAL	73 Del Rio Road	l						21	222	U	rited	States
15	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS OECEDEN FORCES? 1	T EVER IN U.S. AR	MED NO	13.	WAS DEC	ENDENT (OF HISPANI	C ORIGIN? (Specify Yes, Puarto Rican, etc.)		14. RACE -	– American Indian, White, atc.
BY	3 🔀 Widowed 4 🗌 Divorced	IF YES, GIVE V	AR OR OATES					Specify:			Specify:	
G	15. DECEDENT'S EDU	CATION	16a. DE	CEDENT'S	USUAL O	CCUPATIO	ON		18b. KIND OF BU	SINESS/IND	USTRY	White
	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5	lifo	ive kind of . Do NOT u	work done se retired.)	during mo	st of workl	ng				
MP I	12th Grade	2007.		chin	ist				Ray Ma	chine	2	
COMPLET	17. FATHER'S NAME (First, Middle, Last)						16. MOT	HER'S NAM	IE (First, Middle, Maiden			
BE	John S. Smyther	8				_		ta Ne				
2	19a. tNFORMANT'S NAME (Type/Print)		19						oute Number, City or Tow			
	Gary Smythers 200, METHOD OF DISPOSITION							ve F	Rockville.			
	1 Burial 2 Cremation 3 Ram	oval from Stata	cometery, cre	ematory or o	thar placa)	SITION (NE	maoi C J.	, /1	2/94 Ga	CATION — (City or Town	n, Stata
	21. SIGNATURE OF UNERAL SERVICE LIC	CENSEE	Monda	. Vis.	22.	NAME AL	ND ADDRE	SS OF FAC	ILITY			
	* H mus	S Ke	. X		D	uda•	Ruck	Fun	eral Home	06 De		
	23. PART i. Enter the diseases, or			oth De r	7	922	Wise	Ave	nue Dundo	ilk, 1	MD 2	1222
	shock, or neart failure.	List Dniy Dne csu	ise on each line		iot eliter	uie iiic	de Di dy	ing, such	ss cardisc or respi	ratory em	est,	Approximste intervei Between
	IMMEDIATE CAUSE (Finei diseese pr condition	. ST	ROKF									Oneet and Death
	resulting in deeth)		(OR AS A CONSE	OUENCE O	F):							GHOUR
z		YH .	PERT	ENS	SION	1.						royeens
E E	Sequentially list conditions, if any, leading to immediate		(OR AS A CONSE					_				
2	CAUSE (Diseese Dr Injury	C										
CERTIFICATION	thet initieted evente resulting in desth) LAST	DUE 10	(OR AS A CONSE	DUENCE O	F):							
Ü		d										
AL.	PART ii. Other significant condition			esuiting	in the ur	deriyin	cause	given in P	Part I. 24a, WAS AN PERFOR			/ERE AUTOPSY FINDINGS
EDICAL	ARTERIOS	CELER	5515.						1 YES 2		C	OMPLETION OF CAUSE
Σ	DID TORACCO HEE	CALITAINLITE	TO 61116								- 1	☐ YES 2 ☐ NO
Ž	DID TOBACCO USE C	ONIKIBUTE	IO CAUS	E OF	DEAT	H Y	ES 🗌	NQ				
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		T	OTHER		ACE OF D	EATH (Chec	ck only one)			
PHYSICIAN:	1 YES 2 NO	1 Inpatient 2 28a. DATE OF		DOA 26b. TIM		sing Hom 28c. INJ			Other (Specify)			
	1 Natural 5 Pending	(Month, D			URY	WO	RK?		28d. DESCRIBE HOW II	NJUHT OCC	UNED	
) BY	2 Accident Investigation 3 Suicide 8 Could not be	28a. PLACE D	F INJURY — At ho	ma, tarm,	strant, tact				281. LOCATION (Street 8	Ind Number	or Rural Rou	ite Number,
	4 Homicide detarmined	bullaing,	atc. (Specify)						City or Town, State)			
12	29a. CERTIFIER (Check only 1 CERTIFYING PHYSI	CIAN: To the best of	my knowladge, de	ath occurr	ed at the t	lma, data	and place	, and dua t	o the cause(a) and mar	ner se state	ıd.	
COMPLETED	one) 2 MEDICAL EXAMINE											ind manner as stated,
Ш	29b. SIGNATURE AND TITLE OF CERTIFIER	1 1 1					29c. LtCi	ENSE NUME	BER	29d. DATE	SIGNED (N	fonth, Day, Year)
100	2	100	2				D	33	407	16	9 0	75
임	30. NAME AND ADDRESS OF PERSON WH		SE OF DEATH (ITE	М 27) (Туре	Print)					45	117	
	DEEPAK SETH	1		ISE	4/N	CNI	75	DITCI	IMORE, 1	71)	2122	1
	31. DATE FILED (Month, Day, Year)	32. REGISTRA	R'S SIGNATURE									
Ш	JUN 1 3 1994	gular	avide 1	mel. 22								
	* * * *	•		7,000								DHMH-16 Rev 1/89



Elegan E. Pens

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

Items: 23 part I,28a per MEO 6/13/94 reb

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	CE	RTIFIC	ATE OF DEA	TH	REG. NO					
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH			3. TIME OF DEAT	Н	
	BONNIE	SHAR	P					9 4	1:45	Pu	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. last		UNDER 1 YEAR IF UNDE	R 24 HRS.	7. DATE OF BIRTH			LACE (State or For		
	118 81 7415	1 DM 2 1 31		THS DAYS HOURS	MIN,	(Month, Day, Year),		Country)	11 1	o.g.,	
	9e. FACILITY NAME (If not institution, give str			0.77	1 1				ma,		
œ				CITY, TOWN OR LOCAT		ATH -	9c. COUNTY	OF DE	ATH		
2	21619 CHICKEN POINT ROAD CAMBRIDGE TALBOT COUNTY										
DIRECTOR	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY										
Ä	Md. Doe	chester	0	ambri	· da	0		- 1	LIMITS?		
	10e. STREET AND NUMBER	CHESTER		404 710 000	291		40. 017177		YES 2	NO	
RA	642 Robbin	s Street		2	11.13	2	ing. Citizer	11	IAT COUNTRY?		
FUNERAL	11. MARITAL STATUS			100	161-		<u> </u>	4.	DIH.		
品	1 Never Merried 2 Married	12. WAS DECEDENT EVER IN U.S. ARI FORCES? 1 YES 2	O			C ORIGIN? (Specify Yes , Puerlo Rican, etc.)	or No- 14	Black,	 American India White, etc. 	n,	
87	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES		1 TYES 2 NO	Specify:			Specify.	Klack	1	
	15. DECEDENT'S EDUC	ATION 45- DE	OFFICE LIES	III. OCCUPATION					5744		
COMPLETED	(Specify only highest grade of	completed) (Gi	ve kind of work Do NOT use re	JAL OCCUPATION done during most of work	ing	16b. KIND OF BUS	SINESS/INDUS	TRY			
ا ت	Elementery/Secondary (0-12)	College (1-4 or 5+)	DO NOT USE 16	ireu.)							
Z	GR.12										
႘	17. FATHER'S NAME (First, Middle, Last)	. 10			~ - 1 .	IE (First, Middle, Maiden	11	1.1	Carl		
BE	Lekoy Sha	SRP.			Sth	er Ma	e W	11	SON		
2	198. INFORMANT'S NAME (Type/Print)	196	MAILINO AD	DRESS (Street and Number	er or Rural Ro	oute Number City or Tow	n, State, Zip Co	rde)	011		
	Leroy Shar	P 18	201	hillips S	y (ampric	rapk,	Mo	1,216	3	
	20s. METHOD OF DISPOSITION 1 D Burial 2 Cramation 3 Remove		ND DATE OF D	ISPOSITION (Name of	1	DATE, 20c. LO	CATION - City	or Tow	n, State	,	
	4 Donation 5 Other (Specify)	Tho	MPSO	nuotur	Cemen	ce, 4/23 Th	OMP50	INTO	WN, M	d.	
	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE		22. NAME AND ADDRE			tome				
	> xanollo	C. Henry	,	HENRY			Cam		1 - 0 1	u J	
	23. PART I. Enter the diseases, or co	omplications that caused the to	oth Do not		HING		Cacmi	bK.		na.	
	shock, or heart fallure. L	ist only one cause on each line.		enter tha mode or dy	ying, sucri	aa cardiac or respi	ratory arraa	,	Approxima Interval Be		
	IMMEDIATE CAUSE (Final disease or condition			(10000	. ,	111001	1		Onset and	Death	
	resulting in death) a	l		(Cocain	e +	micono	7-				
		DUE TO (DR AS A CONSEC	UENCE OF):	. 1		. 1		1			
2	Sequentially list conditions,	INTOXICO	TION	Compl	, cat	ing ar	UWWIN	ra/			
Ĕ	if any, leading to immediate	DUE TO (OR AS A CONSEC	UENCE OF):	,		J		J			
CERTIFICATION	CAUSE (Disease or Injury								-		
E	that initiated avents resulting in death) LAST	DUE TO (OR AS A CONSEC	UENCE OF):								
E	d.	l+									
	PART II. Other significant conditions	contributing to death but not r.	sulting in t	ne undarivino cause	olvan in P	Part I. 24s. WAS AN	AITTOPSY	24b V	VERE AUTOPSY FIL	MUNICE	
DICAL		,		andanying cases	geron in	PERFOR	IMED?	1 /	WAILABLE PRIOR	TO OT	
ā							□ NO		OF DEATH?	AUSE	
ME						_ \		1	YES 2 N	10	
ž											
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	10	26. PLACE OF I	DEATH (Chec	ck only one)					
S		1 Inpatient 2 ER/Outpatient 3	□ DOA 4 [Nursing Home 5 A	tealdence 6	X Xther (Specify)	N CRI	EEK			
> 1	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Only 1944)	26b. TIME OF			26d. DESCRIBE HOW I					
HY	10 To 10 To	4 11 94	UNKNOW		NO N	UNKA	JOINA)		_	
Y PHYSICIAN:	1 Naturel 5 Pending	1-10-17									
BY	2 Accident Investigation	26s. PLACE OF INJURY - At hor				261. LOCATION (Street a	ind Number or	Rural Ro	ute Number,	1.77	
BY	2 Accident Investigation	26s. PLACE OF INJURY — At hor building, etc. (Specify)	ne, farm, atree	t, factory, office		261. LOCATION (Street a City or Town, State)	ond Number or	Rural Ro	Ken Po	:NT	
B	2 Accident Investigation 3 Suicide S Could not be determined	26s. PLACE OF INJURY — At hor building, etc. (Specify)	utdo	t, factory, office	- 1	Rd. Ta	lbot	Rural Ro	Ken Po	:NT	
BY	2 Accident 3 Suicide 4 Homicide 28s. CERTIFIER (Check only) 1 Investigation 5 Could not be determined	26s. PLACE OF INJURY — At horbuilding, etc. (Specify) FOUND CIAN: To the best of my knowledge, deal	ne, farm, atred utdo ath occurred a	t, factory, office	e, and due t	o the cause(a) and mar	IbaT	<u>co.</u>	Md		
B	2 Accident 3 Suicide 4 Homicide 28e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER	26s. PLACE OF INJURY — At hor building, etc. (Specify)	ne, farm, atred utdo ath occurred a	t, factory, office	e, and due t	o the cause(a) and mar	IbaT	<u>co.</u>	Md		
COMPLETED BY	2 Accident 3 Suicide 4 Homicide 28s. CERTIFIER (Check only) 1 Investigation 5 Could not be determined	26s. PLACE OF INJURY — At horbuilding, etc. (Specify) FOUND CIAN: To the best of my knowledge, deal	ne, farm, atred utdo ath occurred a	t, factory, office	e, and due to	o the cause(a) and mar ime, date and place, an	ner as atated, d due to the c	CO.	and manner as at	ated,	
BE COMPLETED BY	2 Accident 3 Sulcide 4 Homicide 28s. CERTIFIER (Check only one) 2 MEDICAL EXAMINER 29b. SIGNATURE AND TITLE OF CERTIFIER Maddy 1 Investigation 1 Could not be determined 2 EXAMINER 2 MEDICAL EXAMINER	26s. PLACE OF INJURY — At horbuilding, etc. (Specify) FOUND CIAN: To the best of my knowledge, des. 3: On the best of exemination and/or interpretations.	ne, farm, atree the occurred a mveatigation, li	t, factory, office	e, and due t	o the cause(a) and mar ime, date and place, an	ner as atated, d due to the c	CO.	Md.	ated,	
COMPLETED BY	2 Accident 3 Suicide 4 Homicide 28e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER	26s. PLACE OF INJURY — At horbuilding, etc. (Specify) F. G. U.N. O. CIAN: To the beat of my knowledge, dec. R: On the beat of examination and/or in the beat of examination and or in the beat of examination and or in the beat of examination and or in the beat of examination and or in the beat of examination and or in the beat of examination and or in the beat of examination and or in the beat of examination and or in the beat of examination and or in the beat of examination and or in the beat of examination and or in the beat of examination and or in the beat of examination and or in the beat of examination and or in the beat of examination and or in the beat of examination an	ne, farm, atred the occurred a nveatigation, in	t, fectory, office	e, and due to ared at the the Country of the Months	o the cause(a) and mar ime, date and place, an BER	iner as atated. d due to the c 29d. DATE S APF	GO.	and manner so at Month, Day, Year) 17,19	eted. 94	
BE COMPLETED BY	2 Accident 3 Suicide 4 Homicide 5 Could not be determined 28e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER 29b. SIGNATURE AND TITLE OF CERTIFIER 3d. NAME AND ADDRESS OF PERSON WHO	26s. PLACE OF INJURY — At horbuilding, etc. (Specify) F. G. U.N. O. CIAN: To the beat of my knowledge, dec. R: On the beat of examination and/or in the beat of examination and or in the beat of examination and or in the beat of examination and or in the beat of examination and or in the beat of examination and or in the beat of examination and or in the beat of examination and or in the beat of examination and or in the beat of examination and or in the beat of examination and or in the beat of examination and or in the beat of examination and or in the beat of examination and or in the beat of examination and or in the beat of examination and or in the beat of examination an	ne, farm, atred the occurred a nveatigation, in	t, factory, office	e, and due to ared at the the Country of the Months	o the cause(a) and mar ime, date and place, an BER	iner as atated. d due to the c 29d. DATE S APF	GO.	and manner so at Month, Day, Year) 17,19	eted. 94	
BE COMPLETED BY	2 Accident 3 Sulcide 4 Homicide 28s. CERTIFIER (Check only one) 2 MEDICAL EXAMINER 29b. SIGNATURE AND TITLE OF CERTIFIER Maddy 1 Investigation 1 Could not be determined 2 EXAMINER 2 MEDICAL EXAMINER	26s. PLACE OF INJURY — At horbuilding, etc. (Specify) F. G. U.N. O. CIAN: To the beat of my knowledge, dec. R. On the beat of examination and/or in the beat of examination and or in the beat of examination and or in the beat of examination and or in the beat of examination and or in the beat of examination and or in the beat of examination and or in the beat of examination and or in the beat of examination and or in the beat of examination and or in the beat of examination and or in the beat of examination and or in the beat of examination and or in the beat of examination and or in the beat of examination and or in the beat of examination and or in the beat of examination an	ne, farm, atred the occurred a nveatigation, in	t, fectory, office	e, and due to ared at the the Country of the Months	o the cause(a) and mar ime, date and place, an BER	iner as atated. d due to the c 29d. DATE S APF	GO.	and manner so at Month, Day, Year) 17,19	eted. 94	

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. Thours after death. Page 6 may be retained by the hospital or attending physician.

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IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	REGISTRAR		CERTI	FICA	IE OF	DEATH	' REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)	Lora	Swar	+ 12			2. DATE OF DEATH	7 70	YEAR 3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX				T		19	
	215-22-4552	1 M 2 XF	6. AGE (In yrs. last birthda 92 YRS	MONT	DER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Jan. 19,	1902	8. BIRTHPLACE (State or Foreign Country) Balto.Md.
	9a. FACILITY NAME (If not institution, give s	treet and number)		9b. C	ITY, TOWN	OR LOCATION OF DE			NTY OF DEATH
R	229 Ashland	d Road			Hunt	Valley		Ва	ltimore Co.
5	RESIDENCE OF DECEDENT								
DIRECTOR	10a. STATE 10b. COUNTY			ITY, TOW	N OR LOCA				10d. INSIDE CITY LIMITS?
	Maryland	Baltimo	ore Co.		H	unt Val	Ley		1 TYES 2 X NO
₹	10e. STREET AND NUMBER				10	f. ZIP CODE		10g. CITI	IZEN OF WHAT COUNTRY?
FUNERAL	229 Ashla					21030			USA
5	11, MARITAL STATUS 1 Never Merried 2 Married	12. WAS DECEDENT FORCES? 1	EVER IN U.S. ARMED			CENDENT OF HISPAN secify Cuben, Mexican	tC ORIGIN? (Specify Yee	or No-	14. RACE — American Indien, Black, White, etc.
B	3 XWidowed 4 Divorced	IF YES, GIVE W	AR OR DATES			NO Specify			Specify:White
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	CATION	18a. DECEDENT	'S USUA	L OCCUPATI	ON	18b. KIND OF BUS	INESS/IND	DUSTRY
	Elementary/Secondary (0-12)	College (1-4 or 5+	life Do NO	use retire	ine during mi id.)	ost of working			
MPL		4	Hou	sew	ife		Hor	nema	ker
8	17. FATHER'S NAME (First, Middle, Last)						ME (First, Middle, Maiden	,	
BE		Daniel V	Vilfson			Sa.	l Winterr	neit	Z
2	19a. INFORMANT'S NAME (Type/Print)						loute Number, City or Town		
_	Mano Swartz		229	As.	hlan	d Road	Hunt Val		
	20a METHOD OF DISPOSITION 2 Burlal 2 Crematton 3 Remo	oval from State	20b. PLACE AND DAT cemetery, crematory of Family	E OF DISI	POSITION (N		1		City or Town, State
	4 Donation 5 Other (Specify)	ENCEE /	Family			CE 6,	/12/94 Hi	ınt	Valley, Md.
	The state of the state of the	A G	. 6.		Mitc.	hell-Wie	edefeld H		
	rumus XIVII	don XE	nakes				d. Balto.		
	23. PART I. Enter the diseeses for constant failure.	complications that List only one caus	caused the death. Do	not en	ter the mo	ode of dying, such	es cerdiac or respi	ratory arr	rast, Approximata Interval Batween
	IMMEDIATE CAUSE (Final	0	0	1)		Α	0	Onset end Death
	diseese or condition resulting in death)	. Ca	rdiop	le	me	many	Ane	X	
		DUE TO	OR AS A CONSEQUENCE	OFY					
CERTIFICATION	Sequantially list conditions,	DUE TO	OR AS A CONSEQUENCE			1		-	
AT	If any, leading to immediate ceuse. Enter UNDERLYING	C	AN	Or j.					
H	CAUSE (Disease or Injury that Initiated events	DUE TO	OR AS A CONSEQUENCE	OF):					
E	resulting in deeth) LAST	4							
EDICAL	PART II. Other significent condition	s contributing to	death but not resultin	g in the	underlyin	g ceuse given in i	Part I. 24a. WAS AN. PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
8	Refl	ux c	sopre	-G-	u	1	1 YES 2	NO	COMPLETION OF CAUSE DF DEATH?
Σ									1 TYES 2 NO
ž									
PHYSICIAN:	25. WAS CASE REFERRIED TO MEDICAL EXAMINER?	HOSPITAL:	-	OTH	26. P	LACE OF DEATH (Che	ck only one)		
YS	1 TYES 2 LAND	1 Inpatient 2 I	ER/Outpatient 3 DOA	4 🗆		ne 5 Neeldence	6 Other (Specify)		
H	1 Natural 5 Pending	28a. DATE OF (Month, Da	INJURY 28b. 1 ly, Year)	IME OF NJURY		PRK?	28d. DESCRIBE HOW IF	JURY OCC	CURED
B	2 Accident Investigation	1		N		YES 2 NO			
	3 Suicide 6 Could not be 4 Homicide detarfined	28e, PLACE OF building,	FINJURY — At home, fern Mc. (Specify)	i, street,	factory, offic	•	281. LOCATION (Street a City or Town, State)	nd Number	or Rural Route Number,
E									
COMPLET			my knowledge, death occi						
Š I	MEDINAL EXAMINE	R: On the basis of ax	amination and/or investige	tigh /in n	ny opinion, o	leath occured at the	time, date and place, and	d due to th	ne cause(s) end manner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER		1/ 1	1	/ 1	29c. LICENSE NUM	BEA	29d. DATE	E SIGNED (Mofith, Day, Year)
10 B	Man	11/7	rarof	XI	LyM	V Day	569	> (6/13/94
F	36. NAME AND ADDRESS OF PERSON WH	•			1				7-1-1
	Dr.Alan Shorofs	sky 51'	Fairmon	ntA	ye.	rowson, l	Md.21204		
	31. DATE FILED (Month, Day, Year)	REGIOTRAL	is signifunction.	7					

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e K Swi W

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BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Fours after death. Page 6 may be retained by the hospital or attending physician.

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IMPORTANT: If them 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR			ENIIF	ICALE	: UF	DEATH		REG. NO			
10	1. DECEOENT'S NAME (First, Middle, Last) FRANCES	JANI	£	SHAC	GY				DATE OF DEATH	ay T	94	3. TIME OF DEATH 2130 A
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	last birthday)	IF UNDER		IF UNDER 24 HRS		DATE OF BIRTH		6. BIRTH	PLACE (State or Foreign
- 1	217-36-2951	1 □ M 2 💢 F	87	YRS.	MONTHS	DAYS	HOURS MIN		(Month, Day, Year) Oril 2, 19	77	Countr	nnsylvinia
	9a. FACILITY NAME (If not institution, give st	reet and number)			9b. CITY,	TOWN C	R LOCATION OF				INTY OF D	
E .	32 Dunvale Road	Apt. 407				T	owson				Dol+	imore
DIRECTOR	RESIDENCE OF DECEDENT						OWDOII				Dalt.	THOTE
W	10e, STATE 10b, COUNTY			10c. CIT	y, TOWN O	R LOCAT	ION					10d. INSIDE CITY LIMITS?
	Maryland Balt	imore				ToT	vson					1 YES 2 NO
A	10e. STREET AND NUMBER					101	ZIP CODE			10g. CIT	IZEN OF V	VHAT COUNTRY?
FUNERAL	32 Dunvale Road	Apt. 407	7				2.1	204			TT	S.A.
5	11. MARITAL STATUS	12 WAS DECEDENT	EVED IN II C	ARMEO	13. 1	MAS DEC	ENCENT OF HIS	PANIC (ORIGIN? (Specify Yes	or No—		E — American Indian,
	1 Never Married 2 Married	FORCES? 1 [_YES 2 ☐ ROROATES	ХNО			NO Spi		uarto Rican, stc.)		Speci	
BY	3 XWidowed 4 Divorced						214	oony.			Speci	" white
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade		16a.	DECEDENT'S (Give kind of v	USUAL OC	CUPATIO)N		16b. KIND OF BU	SINESS/INI	DUSTRY	
ᄪ	Elementary/Secondary (0-12)	College (1-4 or 5 +)		life. Do NOT us	e retired.)	Juring mo	st or working					
APL	9 years			Hom	emak	er						
S	17. FATHER'S NAME (First, Middle, Last)	_					16. MOTHER'S	NAME	(First, Middle, Maiden	Surname)		
BEC	John Opeka						Gert	rud	e Grum			
	19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	AODRESS	(Street a		_	e Number, City or Tow	n, State, Zij	p Code)	
임	Margaret Boulay			520 C	hest	nut	Ave. To	OWS	on, Mary	land	2120	/1
- 1	20s. METHOD OF DISPOSITION		20b.PLAC	E AND DATE	FDISPOS	ITION/Na	me of	OWD		CATION —		
	1 Buriel 2 Cremation 3XXRemo	wal from Stata	SE.	Josephs	Parls	sh Ce	meterv	6	-13 For	est (City	, Pennsylvinia
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			-		D ADDRESS OF				o L o y	, reals)rviilla
	Serge to	wane			M	itch	ell-Wie	ede:	feld Home	2		
	George J. Fe				6	500	York Ro	oad	Baltimo	ore.	Mary	land 21212
ı	23. PART I. Enter the diseesea, or c shock, or heart fellure. I	omplicatione that list only one ceus	caused the e on eech li	deeth. Do n ne.	ot enter	the mo	de of dylng, s	such a	e cerdlec or resp	iratory ar	rest,	Approximats Interval Between
					- 01/				BOAR	M	T	
	disease or condition resulting in death)	CORON	BRY	ART	EXY		IS E.M.	ZE	< TACOB.	///	_11_	
		DUE TO (OR AS A CONS	SEQUENCE OF	7:	ar r	201	0416	ECTIVE	450	201	-UVP
Z	Sequentially list conditions,	HIKT	JL F	T box 1		713	ر در		EATLU	RE		Onset end Death
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	DUE TO (C	OR AS A CONS	SEQUENCE OF	ን:							1
5	CAUSE (Disease or Injury	DUE TO "	OR AS A CONS	SEQUENCE OF								
Ē	that initieted events reaulting in death) LAST	502 10 (0	A A CONS	SEGOENCE OF	-};							i 1
点												
	PART II. Other significent conditions	contributing to d	eath but no	t reculting i	n the un	derlylng	ceuse given	In Par	1 I. 24s. WAS AN		24b	WERE AUTOPSY FINDINGS
EDICAL	ESSENTIAL .	THROMBI	ocy To	SIS					PERFO			AVAILABLE PRIOR TO COMPLETION OF CAUSE
E									_ 1 □ YES 2	NO NO		OF DEATH?
Σ	DID TOBACCO USE C	ONTRIBLITE	TO CAL	ISE OF	DEAT	ш ∨	EC N	10 5	5/			1 YES 2 NO
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL	OTTIKIDOTE	TO CA	JJL OI	DLAI		ACE OF OEATH	(Charatte	<u> </u>			
[일	EXAMINER? 1 YES 2 NO	HOSPITAL:	210 5 5 5 1 1		OTHER	R:						
₹	27. MANNER OF DEATH	1 Inpetient 2 :			-	_		_	Other (Specify)			
	1 Natural 5 Pending	(Month, Day		28b. TIM	URY		RK?	28	d. DESCRIBE HOW I	NJURY OC	CUREO	
В	2 Accident Investigation	20. 21.05.05					ES 2 NO					
유	3 Suicide 8 Could not be 4 Homicide determined	28s. PLACE OF building, e	tc. (Specify)	home, tarm, a	treet, fact	ory, office		28	t. LOCATION (Street City or Town, State)		r or Rural F	Route Number,
COMPLETE												
립		CIAN: To the beat of n										
S	one) 2 MEDICAL EXAMINE	R: On the beals of axa	mination and/	or investigatio	n, In my o	pinion, d	eath occured at	the time	e, data and placa, ar	d due to ti	he cause(a) and menner as stated.
ш	29b. SIGNATUMS AND TITLE OF CERTIFIER	O Alin	-				29c. LICENSE I	NUMBEI	R	29d. OAT	TE SIGNED	(Month, Day, Year)
0	golin a. Nes	ell -					D14	62	2.3	•	6-	9-94
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETEO CAUSE	OF OEATH (I	27) (Type,	Print)	-						
	JOHN A. NE	SBIT	111	L N	10							
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR	'S SIGNATURE						-			-
	JUN 131994	Juli Danie	m-Road	all.								1
		/										

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or attending physician. or use as the burial-transit permit. Pages 1, 2, 3 should BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

er death. Page 6 may be retained by the hospital of	the funeral director, page 5 should be detached for val.	l examiner must be notified at once.	
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TO THE HOSPITAL	TO THE FUNERAL be filed within 72 !	IMPORTANT: If I	

FOR 1 . STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR				CERT	IFICA	E OF	DEA	TH	Ri	EG. NO				
	1. DECEDENT'S NAME (Firs	l, Middle, Last)								2. DATE OF D	EATH			3. TIME OF DEATH	Н
	Marie	Salle	5A	S	tewar	-				June	10		994	5:45	о и
1 1	4. SOCIAL SECURITY NUM		5. SEX	_	'In yrs. last birtho		DER 1 YEAR					<u>, r</u>			
	.,				•	MONTH		HOURS	2404	7. DATE OF B (Month, De)	(Year)		Count		reign
	214-14-7505		1 [] M 2 [X] F		86 YR	S		- 0		April	15,	1908	Mar	yland	
1 - 1	Se. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF										JNTY OF D	DEATH			
5	9216 Ramble	brook	Road		Pot	m H	911				Dol	+			
DIRECTOR	9216 Ramblebrook Road Perry Hall Baltimo:										re				
m	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION											10d. INSIDE CITY			
1 5	Maryland	Balti	imore		l T	erry	И-11							LIMITS?	
	10e. STREET AND NUMBER		dilote			erry	-7	f. ZIP COD				44		1 TYES 2 X	NO
%	TOTAL STREET, SCHOOL STREET		n 1									1 .		WHAT COUNTRY?	
l iii	9216 Ramble	prook						21236	5			Uni	ted S	States	
FUNERAL	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN	U.S. ARMED	1				IC ORIGIN? (Sp		or No-	14. RACI	E — American India	n,
	1 Never Married 2		FORCES? 1 IF YES, GIVE W	AR OR D	ATES		1 yes, sp	2 X NO	in, Maxican Specify:	, Puarto Rican	, atc.)		Spec	k, Whita, atc.	
B	3 Widowed 4 Divi	orced												White	
		EDENT'S EDU			16a. DECEDEN					16b, KINI	OF BUS	SINESS/IN	OUSTRY		
151	(Specify on Elementary/Secondary (ly highest grade			(Give kind life. Do NO	of work don If use retired	e during me	ost of worki	ng						
1 2 1	8	V-12)	College (1-4 or 5	''	Cook					0-4	L - 7	: - O	1		
[₹					COOK		_						hurch	11	
COMPLETED	17. FATHER'S NAME (First, A									ME (First, Middle		Surname)			
ш	Francis McA	ittee (∤uınn					Eli2	zabet	h Smit	h				
8	19a. INFORMANT'S NAME (Type/Print)			19b. MAII	ING AODRE	SS (Street	and Numbe	r or Rural R	loute Number, C	ity or Tow	n, State, Zi	ip Code)		
유	Francis M.	Stewar	t							Perry				236	
	20a, METHOD OF DISPOSIT			1 000					Road						
	1X Burial 2 Crematic	on 3 🗆 Rem	oval from Stata	gam	PLACE AND DA	or other plea	e)	ame of		OATE			- City or To	The state of the s	
	4 Donation 5 Other			Ba	Ltimore					6/13/94	Bal	<u>timo</u>	re. N	1D	
	21. SIGNATURE OF FUNERA	AL SERVICE LIC	ENSEE		1 < 1	2	2. NAME A	ND ADDRE	SS OF FAC	ALITY	TT	_			
	Robert M	I Vmol	21.4	1.1	W. I	_	(FOO	uerr-	-wiea	efeld	HOM	e, 11	nc.	24.0	
				1.7	12000)	0000	ior	с коа	d Balt	.lmoi	re, I	MD 2.1	212	
	23. PART I. Enter the diseases, or complications that caused the death. Up not anter the mode of dying, such ee cardiac or respiratory arrest, shock, or heart fellure. List only one cause on each line. Approximate interval Batween														
	IMMEDIATE CAUSE (FI		,											Onset and	
	disease or condition	_	Con	21.0	200	Fre	185							Fe.	
	resulting in death)		e. DUE TO	COR AS A	CONSEQUENC		=81							150 L	Jun.
				•	CONSCOULING	L OF J.								2 5	
CERTIFICATION	Sequentially flat condit	ions.	o. CH											2-54	15
İĚI	if sny, laeding to imme	diate	DUE TO	(OR AS A	CONSEQUENC	E OF):									
3	cause. Enter UNDERLY CAUSE (Disease or Inju		c 180	-1/1										10 0151	20
	that initiated eventa		DUE TO	(OR AS A	CONSEQUENC	E OF):									
듄	resulting in death) LAS	T .	, Ca	CCL	200	70	ple	chu	m					10 0	Sacr
			•											10	
	PART II. Other eignifice	ont condition	s contributing to	death b	ut not rasulti	ng in the	undarlyin	g cause	given in I	Part I. 24a.		AUTOPSY	24b	. WERE AUTOPSY FIN	
0											PERFOR			AVAILABLE PRIOR T COMPLETION OF CA	
EDICAL										- 10	YES 2	□ NO		OF DEATH?	
Σ	DID TOBACCO) IISE C	ONTRIBLITE	TO 4	CALICE C	E DEA	TU V	EC	NO	_				1 TES 2 N	10
Z			CITIKIBUIE	10 (CAUSE C	DEA	in Y	ro 🗌	NO						
PHYSICIAN:	25. WAS CASE REFERRED 1 EXAMINER?	O MEDICAL	HOSPITAL:					LACE OF C	EATH (Che	ck only one)					
Si	1 TES 2 NO		1 Inpetient 2	ER/Outp	etlant 3 🗆 DO	A 4 □ N		ne 5 🗆 Ri	sidence (6 Other (Spe	cify)				
<u> </u>	27. MANNER OF DEATH		28a. DATE OF		28b.	TIME OF	28c. IN.	JURY AT	I	28d. DESCRIB		NJURY OC	CURED		
	1 Natural 5	Pending	(Month, D	ay, Year)	2455	INJURY	W	ORK? YES 2	3 40	724 541774					
B	2 Accident	Investigation	201 21 122 2						_ NO						
ED		Could not be	28a. PLACE O building,	etc. (Spec	— At home, tai	m, atreet, f	ectory, offic	ca .		28t. LOCATION City or Tox		and Numbe	or or Rural I	Route Number,	
E	4 Homicide	detarmined							_ 1						
ا ترا	29a. CERTIFIER 1 V CER	TIFYING PHYSI	CIAN: To the best of	my know	ledge, depth on	curred at at	time det	and place	agel store	to the owner.	and c	noe or -	tod		
COMPL	and.														
8			R: On the beels of a		r =rru/or investi	Jecon, In m	opinion, (PARTIT OCCU	red at the t	ome, data and	piaca, an	a due to t	ne cause(s	a) and menner as sta	ated.
ш	29b. SIGNATURE AND TITLE	OF CERTIFIE	1	Λ				29c. LIC	ENSE NUM	BER		29d. DA	TE SIGNEO	(Month, Day, Year)	
00	VMSN	no V	nerago	2 /m	. M)		10	2015	7			6/11	0194	
임	30. NAME AND ADDRESS O	F PERSON WH	O COMPLETED CAU	SE OF OE	ATH (ITEM 27)	Type, Print)				- 1			01,	-	
	ADTE	mic) ADO	741			10	(290:	3 17	do	1	Da	m # 21	8
	31. DATE FILEO (Month, Day,	Mart .	1 22 25000	717/			\ <u>'</u>	(01-1	11	ap		MO	473]~
1 1			32. REGISTRA	n a SIGN	ALUNE										
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ith nours after death. Page 6 may be retained by the hospital or attending physician. letely filled in by the tuneral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should BALTIMORE, MARYLAND 21215-0020

FOR STATE REGISTRAR

DIVISION DEVILAL RECORDS, P.O. BOX 68760

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	TO THE HOSPITAL OR ATTENDING PROPERTY TO THE TWO PROPERTY AND THE HOSPITAL OR ATTENDING THE PROPERTY OF THE HOSPITAL OR ATTENDING THE PROPERTY OF THE PROPERTY	TO THE FUNERAL DIRECTION: Any man destructions has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach		IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	101	10	be filed within 72 hours after death with the State Deet, of Health and Mental Hygiene prior to burial, cremation, or removal.	MP

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. OECEDENT'S NAME (First, Middle, Last) Albert STUCCHIO 2. DATE OF DEATH MONTH S.1994 YEAR 6:43 P M										
	4. SOCIAL SECURITY NUMBER	t hirthday) # 1	MDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF B		8 910T	HPLACE (State or Foreign			
	130-03-1478 1 X M 2 □ F 74 YRS. MONTHS DAYS				HOURS MIN.	Aug. 1	7, 1919	Year) Country)			
DIRECTOR	98. FACILITY NAME (If not institution, give s Franklin Square I RESIDENCE OF DECEDENT			96.		OR LOCATION OF O	EATH		UNTY OF D Ltime		
ECI	10e. STATE 10b. COUNT	Y		10c. CITY, TO	WN OR LOC	ATION				10d. INSIDE CITY	
	Maryland B	E	Balti		LIMITS? 1 ☐ YES 2X☐ NO 10g. CITIZEN OF WHAT COUNTRY?						
RA						10f. ZIP CODE	_	10g. Cl			
FUNERAL	4C Flanders Ct. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARI				13. WAS D	2123 ECENDENT OF HISPA		pacific Van or No	USA	E American Indian,	
BY FL	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1X IF YES, GIVE WA	YES 2 N R OR DATES WW II	10	If yea, specify Cuben, Maxican, Puerto Rican, etc.) 1 Tes 2 M No Specify: White					k, White, etc.	
	15. DECEDENT'S EDU	CATION			ENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY						
COMPLETED	(Specify only highest grade completed) (Gillife. Elementary/Secondary (0-12) College (1-4 or 5+)				work done during most of working se retired.)						
M	10 17. FATHER'S NAME (First, Middle, Last)			ruck I	rive	_	ME (First Middle	Union Maiden Sumame			
BE C	Michael Stucchio Viola (Unknown)										
<u>و</u>	19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)										
	Josephine M. Stucchio 4C Flanders Ct., Baltimore, MD 21236										
	1 V Buriel 2 Cremetion 3 Removal from State										
	41 Donation 5-Other (Specify) Garrison Forest Vet. Cem. 6/13 Owings Mills, MD 21. BIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY ALTENBURG FUNERAL HOME, P.A.									S, MD	
	My Honey 1	201,0				NBURG FUN Harford				21214	
	23. SART II Enter the diseases, or	complicatione that	ceused the de	ath. Do not e	nter the n	node of dying, suc	h ss cardiac	or respiratory e	rrest,	Approximate	
	shock, or feart failure. Liet only one celese on each line. Interval Between Onset end Death Interval Between Onset end Death Onset end Death oue to (or As a consequence of):										
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF):										
ERT	resulting in death) LAST										
MEDICAL C	PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24s. WAS AN AUTOPSY PERFORMED? 1 VES 2 NO 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?										
- 1										1 YES 2 NO	
A	25. WAS CASE REFERRED TO MEDICAL				28.	PLACE OF DEATH (C)	neck only one)				
S	EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpetient 3		HER: Nursing H	ome 5 🗆 Rasidenca	8 Other (Spi	ecify)			
PHYSICIAN:	27. MANNER OF DEATH 1 Natural 5 Pending	28a. OATE OF II (Month, Da)	NJURY (, Year)	28b. TIME OF INJURY		NJURY AT WORK?	28d. DESCRIE	E HOW INJURY OF	CCURED		
ED BY	2 Accident Investigation 3 Suicide 8 Could not be detarmined detarmined						28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
COMPLETED	29a. CERTIFIER	CIAN: To the best of n	ty knowledge, de	eth occurred et	the time de	ite and place, and due	to the cause/s	and manner as at	stad		
NO.	000) —									a) and manner sa stated.	
BE	29b. SIGNATURE AND TITLE OF CERTIFIER					29c, LICENSE NU					
임	30. NAME AND AODRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)										
	DATE FILES MAN DE ST.						_				
	31. DATE FILEO (Month, Day, Year)	32 REGISTRAR									
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6 may be retained by the hospital or attending physician. Atto, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	IMPORTANT: If Item 28 is market	
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. • MPORTANT: If them 28 is marked, or flem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	be filed within 72 hours after death with IMPORTANT: If them 28 is market	
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	TO THE FUNERAL DIRECTOR: After this	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within winours after death. Page 6 may be retained by the hospi	TO THE HOSPITAL OR ATTENDING PHY	
THE COLOR OF THE COLOR, T. C. BOX COLOR, BALLINGOL, MANICAND		

R ATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
GISTRAR	CERTIFICATE OF DEATH	REG. NO.

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM CERTIFICA			MENTAL HYGIENI REG. NO.	E				
18	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH		3. TIME OF DEATH					
l ii	DOC TIE	PTON				June 10,		M M			
		5. SEX 8. AGE (In	UNDER 24 HRS.	7. DATE OF BIRTH		HPLACE (State or Foreign					
	113 12 0310	X M 2 □ F	74 YRS. MON			07/29/19	19 Nor	th Carolina			
DIRECTOR	96. FACILITY NAME (If not institution, give stree Franklin Wood Nu RESIDENCE OF DECEDENT		1	COSSVIL		ATH	Baltim	ore County			
EG	10a. STATE 10b. COUNTY		10d, INSIDE CITY								
	Maryland Somers			LIMITS?							
FUNERAL	100. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNT										
ij	32721 Perry Harl		853	U.S.A.							
5	11. MARITAL STATUS 1: 1 ☐ Never Married 2 ☑ Married	2. WAS DECEDENT EVER IN FORCES? 1 X YES	J.S. ARMED 2 NO			HISPANIC ORIGIN? (Specify Yes or No — 14. RACE — American Indien, Maxican, Puarto Rican, etc.)					
BY	a 🗆 1994	IF YES, GIVE WAR OR DAT		1 TYES 2			Spec				
	15. DECEDENT'S EDUCAT	World War	180. DECEDENT'S USU	41 000010171011							
COMPLETED	(Specify only highest grade cor	mpleted) College (1-4 or 5+)		done during most of	working	16b. KIND OF BUSINESS/INDUSTRY					
AP.	8		Mainten	ance F	oremar	n Contai	iner Co	mpany			
õ	17. FATHER'S NAME (First, Middle, Lest)	MOTHER'S NAM	n Container Company ME (First, Middle, Maiden Surmanne)								
BE	Samuel Tipto	Sarah	n Beam								
TO E	19a. INFORMANT'S NAME (Type/Print)			oute Number, City or Town	,						
-	Ollie A. Tipton		912 N.	Marlyn	Aven	ue Balti	more, M	id 21221			
	20a. METHOD OF DISPOSITION 1 WBurlai 2 Cremation 3 Removal 4 Donation 8 Other (Specify)	20b. F	PLACE AND DATE OF DI- lery, cremetory or other a TOENS OF	SPOSITION (Name of		14/94 Ba	CATION — City or To				
	21. SIGNATURE OF FUNCTION SERVICE LICEN		rdens of	22. NAME AND A	ODDESS OF FAC	HITY					
	1 1 1 2 S	$\supset L$		Bruzdz.	inski	Funeral					
23. PART Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,											
	shock, or heart failure. Lie	st Dnly Dna cause on asc	ch lina.			To divide by toops	and y arrown,	Approximata interval Between			
	iMMEDIATE CAUSE (Finsi disease or condition	Motorx	atio C	0		-1 /		Onset and Death			
	resulting In death) a. Meta Static (arcureum of hung with) Due to (OR AS A CONSEQUENCE OF):										
Z	Sequentially list conditions,										
E	if any, leading to immediate										
2	CAUSE (Disease Dr Injury C. DUE TO (OR AS A CONSEDUENCE OF):										
E	that initiated events resulting in death) LAST	DUE TO (OR AS A C	ONSEDUENCE OF):					i I			
CERTIFICATION	d										
¥.	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a, WAS AN AUTOPSY PERFORMED? AMILABLE PRIOR TO										
PHYSICIAN: MEDIC						1 YES 2		COMPLETION OF CAUSE OF DEATH?			
ME							′	1 YES 2 NO			
ä	DID TOBACCO USE CO	ONTRIBUTE TO C	AUSE OF D	EATH YES	M NO						
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:	ОТ	HED.	DF DEATH (Che						
YS		☐ Inpatient 2 ☐ ER/Outpat				Xother (Specify) Tu		& Mospico			
H	27. MANNER OF DEATH 1 Natural 5 Pending	(Month, Day, Year)	28b. TIME OF INJURY	WORK?	- 20	28d. DEŞCRIBE HOW IN	JURY OCCURED	/			
BY	2 Accident Investigation			M 1 YES	2 NO						
COMPLETED	3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE OF INJURY - building, etc. (Specify	- At home, farm, street	, lactory, offica		281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
Ë	29a. CERTIFIER Check only	IN: To the heat of our knowle	don double converse at	the time data and	alana and disa						
OMP		On the beels of examination						e) end manner as stated.			
	29. SIGNATURE AND TITLE OF CERTIFIER	` \		290	LICENSE NUM	BER	29d. DATE SIGNED) (Month, Day, Year)			
TO BE	7,000	new und)			0082		> Jun	e 13, 1994			
	30. NAME AND ADDRESS OF PERSON WHILD ON A COMMENT OF THE COMMENT O	OMPLETED CAUSE OF DEAT	TH (ITEM 27) (Type, Prim	N Squ	ANC F	68PITHL	BATILLI	ule un			
	31. DATE FILED (Month, Day, Year)	32. BEGISTRAR'S SIGNAT	URE					'			
	JUN 1 3 1994	gune Deviden	-Mindatel								

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BALTIMORE, MARYLAND 21215-0020 ours after death. Page 6 may be BOX 68760 that the death certificate be P.0. DIVISION OF VITAL RECORDS,

use as the burial-transit permit. Pages 1, 2, 3 should retained by the hospital or attending physician. ĮQ. detached i once. pe Ħ Should notified page 5 s be must funeral director, examiner filled in by the the medical cremation, or completely event, to burial, traumatic and physician Hygiene prior other attending 6 Мепта the een signed by the shows any requires t peen Dept. 23 HOSPITAL OR ATTENDING PHYSICIAN: The law has Item certificate h 0 the this t marked, After DIRECTOR: Af hours after de item 28 is r TO THE HOSPITAL OR ATT TO THE FUNERAL DIRECTE DE filed within 72 hours at IMPORTANT. If item 29

ITEM: 18. PER F.H. FILM G-712 6/28/94 t.t FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH 3. TIME OF DEATH 11, 1994R 7 WADE LEON TENNANT June 7. DATE OF BIRTH (Month, Day, Year) 4. SOCIAL SECURITY NUMBER 5 SEY 6. AGE (In vrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign DAYS HOURS 219-38-1796 1 M 2 F 52 MARYLAND 1941 Dec 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 6982 Millbrook Park Drive Baltimore 10a. STATE 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY NORTH CAROLINA CHARLOTTE 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 101 ZIP CODE 10g, CITIZEN OF WHAT COUNTRY 4106 CASTLETON ROAD 28211 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYPES 2 TO NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Year or No-14. RACE — American Indian, Black, White, etc. 1 Naver Married 2 Married It yes, specify Cuban, Maxican, Puarto Rican, atc.) 1 TES 2 NO Specify: BY Specify: 3 Wildowed X Divorced WHITE COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT usa retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) UNKNOWN College (1-4 or 5+) PAINTER SELF-EMPLOYED 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First Middle Meiden Sumame) JOHN TENNANT UNKNOWN MARY MARGARET MULLEN **BE** 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 9 JOHNNIE TENNANT 3009 14th STREET APT. D, METAIRIE, LO 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, Stata 20a. METHOD OF DISPOSITION
1 Durial 2 X Cremetion 3 Removal from State
4 Donetion 5 Other (Specify) DATE GREEN MOUNT CEMETERY 6/13/94 BALTIMORE, MARYLAND 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY A. Alan Seitz, Jr. Funeral Home lect an 3818 Roland Avenue, Balto, Md. 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiretory errest, Approximate shock, or heart failure. List only one cause on each line Intervel Between IMMEDIATE CAUSE (Finel Onset and Death disease or condition resulting in deeth) DUE TO (OR AS A CONSEQUENCE OF) 1100 CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST PART il. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part i. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED? 1 | YES 2 (AO 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES PHYSICIAN: NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO Inpatient 2 - ER/Outpatient 3 - DOA 4 - Nursing Homa 5 Realdanca 8 - Other (Specify) 27. MANNER OF DEATH 26a. DATE OF INJURY 28c. INJURY AT WORK? 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 1 YES 2 NO BY Investigation 2 Accident 3 Sulcida 28e. PLACE OF INJURY — At homa, tarm, street, factory, office building, atc. (Specify) 28t. LOCATION (Street end Number or Rural Route Number, City or Town, State) 6 Could not be determined COMPLETED 4 Homicide 29a. CERTIFIER
(Check only one)

1 CERTIFYING PHYSICIAN: To the best of my knowledge, dasth occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE

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468 L A. 111 ITEMS: 23 PART I, 27, PER MEO FILM G-712 6/22/94 t.t.

FOR
STATE REGISTRAR

G 712 6-13-94 N.A. Per. Funeral
FOR STATE OF MARYLAND / DEPARTMENT STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

REG NO.

_	TEGIGITIAN			-17144	CAIL	OI.	DLA			REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last) TERRELL		TERRY	7.					2. DATE	OF DEATH	DAV 1994 YEAR 10:25 A				
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	ne biethelend	IF UNDER 1	WEAR	# UNDER		2.0475	OF BIRTH	-				
	075-80-7450	2	YRS.	монтня	DAYS	HOURS	MIN.	(Monti	h, Day, Year)		Country)	THPLACE (State or Foreign unity) ermany F DEATH 10d. INSIDE CITY LIMITS? 1½ YES 2 NO F WHAT COUNTRY? S. ACE — American Indian, fack, Whita, atc. pacify: Black 21144 Town, Stata ens, N.Y. Approximata interval Batween Onset and Death			
	9a. FACILITY NAME (If not Institution, give	D∕CKW 2 ☐ F		ms.	0)			12	2 05 9	91		any		
œ	aST AGNES HO				96. CITY,		R LOCATI				9c. COU	NTY OF DEATH			
6	RESIDENCE OF DECEDENT	SFIIAL				BA	4 P.T.T	MOR	E CI	r.I. X					
Ä	10a. STATE 10b. COUNT	Υ		10c. CIT	Y, TOWN OF	LOCAT	ION							ITY	
0	MD. An	ne Arun	del		Seve	rn								□ NO	
AL	100. STREET AND NUMBER 100. STREET AND NUMBER 100. CITIZEN OF WHAT COUNTRY?									7					
FUNERAL DIRECTOR	8017 Old Mill Court 21144 U.S.														
5	11. MARITAL STATUS	RMED	13. W	AS DEC	ENDENT C	F HISPAN	IC ORIGIN	i? (Specify Yea	or No-		nerican i	ndlen,			
ВУ Б	Never Married 2 Married	IF YES, GIVE W	YES 2 1	NU			2X NO			Rican, atc.)		Specify:	n, atc. B 1 a a	rk	
田	15. DECEDENT'S EDU (Specify only highest grade		(G	ive kind of a	vork done di	CUPATIO uring mo	ON at of working	ng	16b	. KIND OF BUS	INESS/INC	DUSTRY			
E	Elementary/Secondary (0-12)	Collega (1-4 or 5+) ""	. DO NOT US	Do NOT use retired.)										
COMPLETED	TY ENTHER'S NAME (First Middle Loss)														
	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surmame) Andrea Lee Terry														
H	Timothy Telly														
2															
	20e. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, Stata														
	4 Donation 5 Other (Specify) Maple Grove Cemetery 0/94 Kew Gardens, N.Y.														
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 1721-27										N. Mor	iroe	ST			
	Noretha	State	CFSP #	<i>‡</i> 281	E.	L.E	hil	lip	s F/	'HBalt	o.,	MD. 2	1217	7	
	23. PART i. Enter the diseases, or shock, or heart failure.	Complications that	caused the de	eth. Do r	not enter t	he mo	de of dy	ng, suci	h aa cerd	liac or respin	ratory an	rest,			
1	IMMEDIATE CAUSE (Fine) ACUTE BRONCHOPNEUMONIA Onset and Death														
	e. PNEUMONIA (BETA HEMOLYTIC STREPTOCOULT GROUP A BY LATEX AGGLUTINATION)														
ı	DUE TO (OR AS A CONSEQUENCE OF):														
ON	Sequentially list conditions, If any leading to immediate DUE TO (OR AS A CONSEQUENCE OF):														
A.	ceuse. Enter UNDERLYING														
띮	CAUSE (Disease or injury that initiated evente DUE TO (OR AS A CONSEQUENCE OF):														
CERTIFICATION	resulting in deeth) LAST														
	PART II. Other significent conditions contributing to deeth but not resulting in the underlying on the underlying to														
EDICAL	PART II. Other aignificent conditions contributing to deeth but not resulting in the underlying couse given in Part I. 24a. WAS AN AUTOPSY PINDINGS PERFORMED? 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO														
ă									-	1 X YES 2	□ NO	OF D	EATH?		
≥	212 702 1002 110											XX	YES 2	NO	
PHYSICIAN:	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO														
Ö	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL: 1			OTHER		ACE OF D	EATH (Ch	eck only on	e)					
ξ	1. YES 2 NO 27. MANNER OF DEATH	1 Inpellent 2 X			4 🗆 Nurel	_		aldenca							
	1/ Natural 5 Pending	(Month, Da		28b. TIM INJ	URY	- Common	RK?	3 410	28d. DES	CRIBE HOW II	JURY OC	CURED			
à	2 Accident Investigation 3 Suicida & Could not be	28a. PLACE OF	F INJURY — At ho	me term i	tireel fecto	1 [] \		NO	284 1 00	aTiON (Cime)	and Muselan	or Rural Route I			
	4 Homicide 8 Could not be	building,	etc. (Specify)	, 101111, 1	most, recto	ry, ornici				or Town, Stete)	no Number	or Hural Houle I	rumber,		
COMPLETED	29a. CERTIFIER														
M P		ICIAN: To the best of ex													
	One) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated.														
B	296. SIGNATURE AND TITLE OF CERTIFIER						29c. LICE	OCM		1		INF. 11			
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)									▶JUNE 11, 1994						
	HAMennen A	KO R.F L	L M			n S	tree	et,	Bal	timor	e, N	Maryla	nd	2120	
	1 3 1994	Julia Davi	han 22.											1	
		-	THE REAL PROPERTY.	100.0							_				

DIVISION OF VITAL RECORDS, P.O. BOX 68760

BALTIMORE, MARYLAND 21215-0020

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BALTIMORE, MARYLAND 21215-0020	mentalines that the death certificate be executed with a close of the death. Page 6 may be retained by the hospital or attending physician.	the form of the mention physician and comparing the formation of emodi. It is should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be the manual transition of emodi.	medical examiner must be notified at once.
DIVISION OF VICAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PRESIDENCE THE PRESIDENT THE MEDIUM CHIRCORE DE ENGLISH WITHIN	TO THE FUNERAL DIRECTURE After this certificate has been signed by the attending physician and completely filled in by the be fined within 72 hours after cleath with the State Shell of health and Mental Hopere price to burial, cremation, or removal	IMPORTANT, If Item 28 is marked, of Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR

	1 - STATE REGISTRAR	SIAIE UF I		CERTIF					MENIAL	REG. NO.	Ė		
	1. DECEDENT'S NAME (First, Middle, Last								2. DATE	OF DEATH		T	3. TIME OF DEATH
	ROSA MARIA TOR	RES							MONTH	C	Y	94	UAM
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.		IF UNDER		IF UNDER			CA 24	192	8. BIRTHE	LACE (State or Foreign
	121-28-3317	1 🗆 M 2 🂢 F	-57	67 yrs.	MONTHS	DAYS	HOURS	MIN.	Apr	TE/ 1	93/	Puert	o Rico
_	9e. FACILITY NAME (If not institution, give	street and number)			16		R LOCATION	ON OF DE	EATN			NTY OF DE	
P P	Stella Maris Ho	spice			Т	'imon	ium				В	altir	nore
E	RESIDENCE OF DECEDENT 100. STATE 10b. COUNTY				Y, TOWN (OR LOCAT	ION						10d. INSIDE CITY
DIRECTOR	Maryland Baltimore				Balt				,				LIMITS?
	10e. STREET AND NUMBER				ZIP CODE				10a CIT		HAT COUNTRY?		
FUNERAL	10 Duchess Ct.							237				USA	
5	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. AF				13.	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No					14. RACE	14. RACE — American Indian,	
BY F	1 Never Merried 2 Merried FORCES? 1 YES 2 X IF YES, GIVE WAR OR DATES					If yea, spo	2 NO	n, Mexice Specify	n, Puerto R	Icen, atc.)		Black, Specifi	White, etc.
	3 Widowed 4 Divorced					Pı	uerto	Ric	can				White
COMPLETED	15. DECEDENT'S ED (Specify only highest grad	JCATION le completed)	180.	(Give kind of	JENT'S USUAL OCCUPATION indid of work done durling most of working NOT use refired.) 16b. KIND OF BUSINESS/INDUSTRY								
١٣	Elementery/Secondary (0-12)	College (1-4 or 5		aborer					ПО	spital	T 211	n dierz	
١١	17. FATHER'S NAME (First, Middle, Last)						40. 14074			-		riat y	
	Enrique Gonzale:							liddle, Maiden	Sumame)				
BE	19e. INFORMANT'S NAME (Type/Print)	195 MAILING	ADORES	s /Stmat a				Goitia umber, City or Town, State, Zip Code)					
임	Sylvia Moya											o Coole)	
	206. METNOD OF DISPOSITION 200 PLACE AND DATE OF DISPOSITION (Name of												
	Cemetion State Cemetion State Cemetion State Cemetion State Cemetion State Cemetion State Cemetion State Cementerio Cementerio Arenalejo Cementerio Arenalejo Cementerio PR												
	21. BIGNATURE OF JUNERAL SERVICE L	ICENSEE			22.	NAME AN	D ADDRES	S OF FA	CILITY				
	Mr. George	(101 L								HOME,			21214
	23. PART I. Enter the diseases, or	complications the	t caused the	deeth. Do i	not enter	the mo	nat L	ora eucl	ka.	Balti	more	עויין ,	21214
	snock, or naeg failura	List only one ceu	use on each i	line.			ac or ay.	ing, oddi	ii və cardı	iec or respi	atory or	1001,	Approximate interval Between
	IMMEDIATE CAUSE (Final disease or condition resulting in death) a. A 1 D S a. A 1 D S												
	resulting in death) a. / \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \												
z	Sequentially liet conditions,												
임	if any, laading to immediate												
CA	CAUSE (Disease or Injury C												
별	that initiated events OUE TO (OR AS A CONSEQUENCE OF):												
CERTIFICATION	resulting in death) LAST												
	PART II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS												
MEDICAL										PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE
¥										/		- 1	OF OEATH?
ž	DID TOBACCO USE	CONTRIBUTE	TO CA	USE OF	DEA"	TH Y	ES	NO					
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			07115		ACE OF D	EATN (Che	eck only one)			
XS.	1 TYES 2 NO	1 Inpatient 2		3 🗆 DOA	OTHER		5 🗆 Re	eldence	6X Other	(Specify)	HOSE	PICE	
ᇤ	27. MANNER OF DEATN 1 Netural 5 Pending	28e. OATE OF (Month, D		28b. TIM	E OF URY	28c. INJI WO			28d. DES	CRIBE NOW IN	JURY OC	CURED	
B	2 Accident Investigation	84 51 105 6			М		ES 2	NO					
<u>유</u>	3 Suicide 8 Could not be determined determined									TION (Street a r Town, State)	nd Number	or Rural Ad	ute Number,
	AA. 0507/5/50												
OMPLET	(Check only	SICIAN: To the best of											
S	2 MEDICAL EXAMIN		xamination end	/or investigation	n, in my o	opinion, de	eath occur	ed at the	time, date	end place, end	due to th	ne ceuse(s)	end menner ee stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIE	iR Co	00	0			29c. LICE	0-					Month, Day, Year)
0	nonuall	cou	Lea	un	N		<u>U</u>	25	64=	5	▶ 6	14/	44
	30. NAME AND ADDRESS OF PERSON W					TV 177	(T T T:::X	ממ	m	ONTOON	AAT	212	0.4
	DR. KENDALL R.			300 Dt	THIL	ıı VÆ	YTTT: X	KD.	, T	OWSON,	, עוניז	212	04
31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE													

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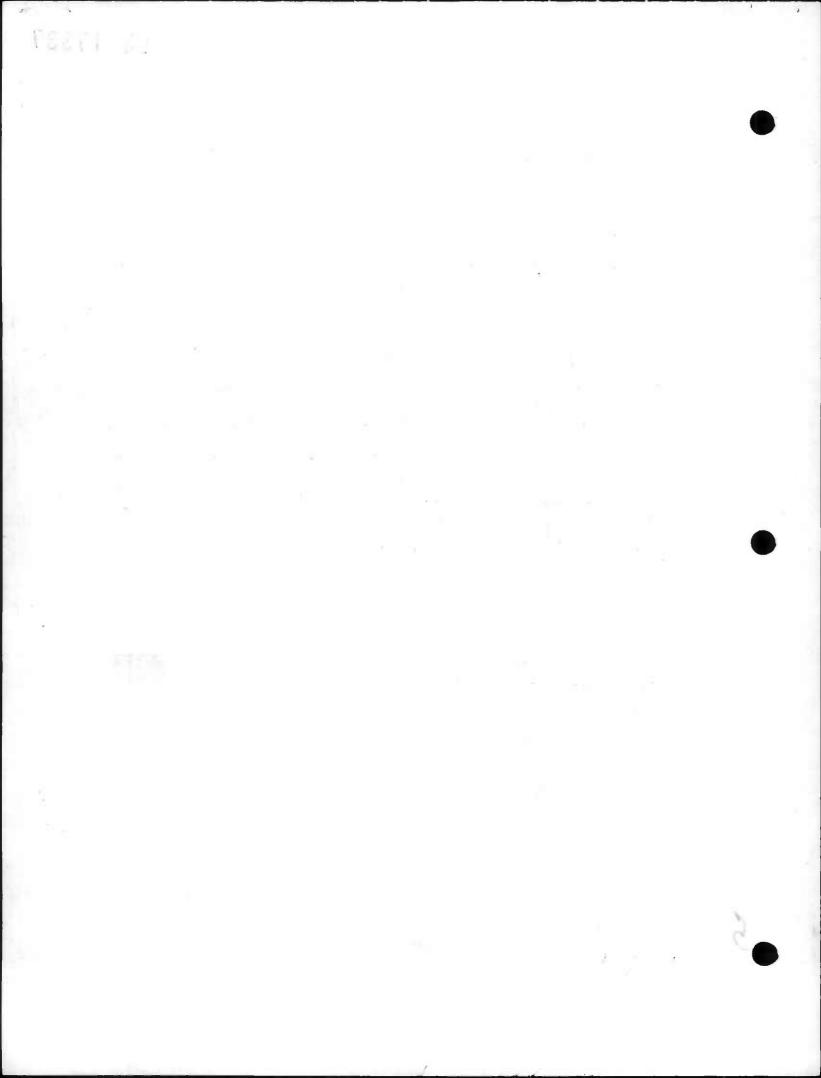
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FOR

31. DATE FILED (Month, Day, Year)
JUN 1 3 1994

		1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH A CERTIFICATE OF DEATH									
		1. DECEDENT'S NAME (FIRS), MIDDING, LOSI) MILTON L. TOYE	2. DATE OF DEATH MONTH	AY 8 9 YEAR 1 52 M							
Ð		XIJ30 PIJ3 TXM 2 LF S 9 YRS.	HRS. 7. DATE OF BIRTH (Months Day, Year) 1 2 3 / 3	6. BIRTHPLACE (State or Foreign Country) Balto., MD							
2. 3 should	CTOR	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH									
permit. Pages 1,	DIREC	106. STATE 106. COUNTY 10c. CITY, TOWN OR LOCATION		10d. INSIDE CITY LIMITS? 1★ YES 2 NO							
55	FUNERAL	100. STREET AND NUMBER 2103 Ridgehill Avenue 2121	7	10g. CITIZEN OF WHAT COUNTRY?							
-AND 21215-U02U the hospital or attending physician. detached for use as the burial-transit once.	8	3 Widowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 X NO	MED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yaa or No— If yea, specify Cuban, Mexican, Puarto Rican, atc.) 1 YES 2 N NO Specify:								
oital or attend	LETED		kind of work done during most of working								
3 6 5 Z	# I		R'S NAME (First, Middle, Meiden	Surname)							
S s s	TO BI	19a INFORMANT'S NAME (Funa/Print)	Rural Route Number, City or Tow	n, State, Zip Code) 1 timore, MD 2121							
ALLIMOKE, death. Page 6 may be funeral director, page		20e. METHOD OF DISPOSITION X Burial 2 Fremetion 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of cemptary, crematory or other place) King Memorial Park	DATE 20c. LC	cation - City or Town, State dallstown, MD							
9 7		22. NAME AND ADDRESS Leroy 0.	OF FACILITY	n Funeral Home							
with hours at pletely filled in by cremation, or rem		23. PAU Epier the diseases, or complications that causer ha death. Do not enter the mode of dying shock, or heart failure. List only one cause on pach line. IMMEDIATE CAUSE (Final disease or condition resulting in death) BUE TO (OR AS A CONSEQUENCE OF):	, auch as cardiac or rasp	ratory arrest, Approximate interval Batween Onset and Death							
certificate be executed only physician and controlling physician and controlling prior to burian other traumatic	TIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. ALDS DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF):									
requires that the deen signed by the of Health and Mei	MEDICAL CE	PART II. Other aignificant conditions contributing to death but not resulting in the undarilying causa give all convolutions and authority and are also as a second and a second and a second are also as a second and a second are a second and a second are a second and a second are a second and a second are a second are a second and a second are a second are a second are a second and a second are a second ar	d. PART ii. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS								
The lanter has ate Dear 2 mm 2	'SICIAN:	Z V V S V V V V V V V V V V V V V V V V									
ATTENDING PHYSICIAN: ECTOR: After this certificals after death with the St.	ву рну	27. MANNER OF DEATH 280. DATE OF INJURY 1 Vestural 5 Pending 280. DATE OF INJURY 1 Vostural 5 Pending 280. DATE OF INJURY 1 Vostural 1 Vest 2 N	26d. DESCRIBE HOW	NJURY OCCURED							
DR ATTENDI DIRECTOR: Al hours after de Item 28 Is	ETED	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify)	City or Town, State,								
# 2 k m	COMPL	29s. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occurred.									
TO THE HOSPI TO THE FUNEF De filed within	TO BE (29c. LICENS	SE NUMBER	29d. DATE SIGNED (Month, Day, Year)							
1			T PAULPL	ACE BALTIMORE							

32. REGISTRAR'S SIGNATURE



31. DATE FILED (Mopth, Day, Year)

1994

32. REGISTRAR'S SIGNATURE

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Ite be executed within an hours after death. Page 6 may be retained by the hospit	ompletely filled in by	tion	
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SPITAL OR ALLENOING PHYS	VERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 si	hin 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bur	100 to 10
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) Edward VAUGHN 2. DATE OF DEATH 6-3-9 4EAR JUNE 3RD: 1994 Vaughn 3. TIME OF DEATH EDDIE 08.15 A.M. 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. & BIRTHPI ACE (State or Foreign (Month, Day, Year) 10-18-25 1 1 1 2 F 229 16 1473 68 YRS Virginia 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c COUNTY OF DEATH DIRECTOR Good Samaritan Hospital Baltimore na RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland n a Baltimore 1 YES 2 NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1660 Roundhill Road 21218 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES 14. RACE — American Indian, Black, White, etc. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-1 Never Married 2 Married If yea, specify Cuban, Mexican, Puarto Rican, etc.) 1 YES 2 NO Specify: BY Specify: 3 Widowed 4 Divorced Black. COMPLETED 16a. DECEDENT'S USUAL OCCUPATION

16a kind of work done during most of working 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elamentary/Secondary (0-12) College (1-4 or 5+) Maintainance Baltimore Zoo 17, FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) ह्र Edward Vaughn BE Helen Brognah notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 ě 20a METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE 200. METHOD OF DISPOSITION

| Burial 2 | Cremation 3 | Removal from State
4 | Donation | Other freelity| N State must removal Tune of Funeral SERVICE LICENSEER on ald Wade, Dir examiner 22. NAME AND ADDRESS OF FACILITY State Anatomy Board 655W.BaltimoreSt,Balto,MD 21201 4 medicai 23. Point I. Enter tha diseasea, or complications that caused tha death. Do not anter tha mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heart failure. List only one cause on each line interval Between IMMEDIATE CAUSE (Final Onsat and Daath the CONGESTIVE HEART FAILURE disease or condition resulting in death) TWELVE DAYS event, DUE TO (OR AS A CONSEQUENCE OF): END STAGE CARDIOMYOPATHY FIFTEEN YEARS CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): If any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated evants resulting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO any COMPLETION OF CAUSE OF DEATH? 1 TYES 2 THO 1 | YES 2 NO PHYSICIAN: 23 25. WAS CASE REFERRED JO MEDICAL 28. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL: OTHER: 1 YES 2 NO patient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Realdence 6 Other (Specify) 27. MANNER OF DEATH 26a. DATE OF INJURY 26b. TIME OF INJURY 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCURED 1 Netural 5 Pending м 1 YES 2 NO BY 2 Accident Investigation 3 Suicide 26e. PLACE OF INJURY — At home, farm, streef, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 649 8 Could not be COMPLETED 4 Homicide determined 29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basia of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. TO THE HOSPI TO THE FUNEF be filed within 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE un M.D #026 DUNE 3RD. 1994 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

DR. SHALINI, GODD SAMARITAN HOSPITAL, BALTIMORE, MD

VE-111 12

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL DR ATTENDING PHYSICIAN. The law requires that the death certificate be executed with completely filled in by the funeral director, page 5 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - FOR STATE REGISTRAR	STATE OF MARYLAI	ND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.
1. DECEDENT'S NAME (First Middle Last)	W 2 1 1 . 1		A DATE OF BEATURE

1. DECEDENT'S NAME (First, Middle, Last) Mildred Ware 2. Date of DEATH DAY YEAR 3. TIME OF DEATH MONTH											
	Mildred ware			Ware	2	2. t	NONTH DEATH	5-23-94 3. TIME OF DEATH 23 94 1:05 m			
	4. SOCIAL SECURITY NUMBER 5. SEX 6 2/7-0/-9/8/ 1/2 M 2 □ F	AGE (In yrs. lest		ONTHS DAYS	IF UNDER 24 H	- 7	Month, Day, Year)		8. BIRTHP Country)	PLACE (State or Foreign	
	9a FACILITY NAME (If not institution, give street and number)	88	THS.	b. CITY, TOWN	OR LOCATION (DE DEATH	4 20	1906	NTY OF DE	ATA	
<u>ا ج</u>	Mercy Medical	_ "	B. 11	Ch- A ag	P DEATH		96. 000				
5	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		na na					a 			
DIRECTOR	Wa man 1			. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS?							
	AL ATTER AND AUTOES									1 YES 2 NO	
FUNERAL	Harbor Inn Nurs Home										
S	15. MARITAL STATUS 12. WAS DECEDENT 8 FORCES? 1	VER IN U.S. ARM	MED	13. WAS DEC	ENDENT OF HI	SPANIC OF	RIGIN? (Specify Yes	or No-	14. RACE	- American Indian,	
BY F	1 Never Merried 2 Married FORCES? 1 IF YES, GIVE WAR		o .		2 NO S		erto Rican, etc.)		Specify		
	15. DECEDENT'S EDUCATION	18a. DEC	EDENT'S US	S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY						White	
COMPLETED	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)	(Giv		k done during mo		l		31112331111	5001111		
MPL											
잉	17. FATHER'S NAME (First, Middle, Lest)			-	16. MOTHER	S NAME (F	irst, Middle, Maiden	Surname)			
88	19a. INFORMANT'S NAME (Type/Print)	1 405	1140 000 45	200000000000000000000000000000000000000	L						
임	The state of the s	190.	MAILING AL	JUNESS (Street)	nd Number or H	tural Route	Number, City or Tow	n, Stete, Zij	o Code)		
	20a. METHOD OF DISPOSITION				meof		DATE 20c. LO	CATION —	City or Tow	n, State	
1 Burisi 2 Cremation 3 Removal from State cemetery, cremetory or other place) 4 Donation 5 Other (Specify) 1											
	sonardine of Funedal Service Licensee Ronald Wade, Dir 22. NAME AND ADDRESS OF FACILITY State Anatomy Board										
	655 W. BaltimoreSt, Balto, MD21201										
•	23. ART i. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, abock, or heart failure. List only one cause on each line. Approximate interval Between										
	MIMEDIATE CAUSE (Fine)		_							Onset and Death	
1	disease or condition resulting in death) a. Pulm DUE TO (0)	onary	E	2 501	15 kg						
,											
CERTIFICATION	Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):										
2	CAUSE (Disease or injury										
E I	that initiated avents reaulting in death) LAST	R AS A CONSEQU	UENCE OF):								
CE	d										
Ä	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? AMILABLE PRIOR TO										
EDICAL	Dementia			1 TYES				□ NO		CDMPLETION OF CAUSE DF DEATH?	
Σ	Periphen Voscular Disease										
AN	Primorus Itane tens 10 m 25. WAS CASE REFERRED TO MEDICAL (Check only one)										
SIC	EXAMINER? 1 YES 2 NO 1 Nopellant 2 E	R/Outpatient 3 [DOA 4	THER:							
PHYSICIAN:	27. MANNER OF DEATH 28s. DATE OF IN.	JURY	26b. TIME D	F 28c. IN.			DESCRIBE HOW I	NJURY OC	CURED		
ВУ	1 Natural 5 Pending 2 Accident Investigation			M 1	rES 2 NO						
	3 Suicide 6 Could not be determined 25e. PLACE OF II building, atc	NJURY — At hom (Specify)	ne, farm, stre	et, factory, offic			LOCATION (Street and City or Town, State)	and Number	r or Rural Ro	ute Number,	
Ē	29a. CERTIFIER										
COMPLETED	(Check only one) 29a. CERTIFYING PHYSICIAN: To the best of my one) 2 MEDICAL EXAMINER: On the best of axen										
- 1	29b. SIGNATURE AND TITLE OF CERTIFIER			ar my opinion, c			date and place, an				
BE	(BS+1 10/1/11)	1/	ha	20	29c. LICENSE	NUMBER		29d. DAT	E SIGNED	Month, Day, Year) 23/94	
유	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE	OF DEATH (ITEM	27) (Type, Pri	int)	. <u></u>				-/	21/14	
	Christopher Pchamb	ers 3			Place	e	Bon 1/0	pri	2 2	1207	
	31. DATE FILED (Month, Day, Year) 32 REGISTRAR'S	GNATURE		7.77	, ,	`	2,0	(/	/		
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		FOR STATE REGISTRAR	STATE OF MARYL		RTMENT OF H		MENTAL HYGIEI				
		1. DECEDENT'S NAME (First, Middle, Last) ESTHER D.	WOOD				2. DATE OF DEATH MONTH		YEAR	TIME OF DEATH	Рм
		4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE	(In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)			NCE (State or For	
pin		577-84-1991		94 YRS.		E-0476	Aug. 4.1		India		
2, 3 should	TOR	99. FACILITY NAME (It not institution, give s Brookeville Mano			9b. CITY, TOWN OR LOCATION OF DEATN Laytonsville				Montgomery		
ges 1,	DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	Y	10c. Cl	TY, TOWN OR LOCAT	TION			100	d. INSIDE CITY	
permit. Pages 1, 2,	1.1	Wash.,D.C.				on, D.C.				LIMITS?	NO
sit per	FUNERAL	100. STREET AND NUMBER	NT TAT		101	1. ZIP CODE	11.6		ed St	T COUNTRY?	
physician. burial-transit	NS I	3323 36th Street,	12. WAS DECEDENT EVER I	IN U.S. ARMED			NIC ORIGIN? (Specify Ye	_	4. RACE —	American Indie	en,
-0020 ling physi the buria	BY F	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES	DATES NO		ecify Cuben, Mexical 2 NO Specific	n, Puerto Rican, etc.) y:		Black, WI Specify:	White	
as and	ETED E	15. DECEDENT'S EDU		18e. DECEDENT'S	USUAL OCCUPATION	ON	16b. KIND OF BU	JSINESS/INDU:		WILL DE	
tal or att	Ē	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	Ille. Do NOT I							
AND A the hospital o detached for once.	COMPL	12 17. FATNER'S NAME (First, Middle, Last)	O Office Manager Dept. of Agric						gricu	ılture	
be de	ш	Jesse Daugherty				18. MOTNER'S NAME (First, Middle, Melden Surname) Maude Gallaway					
MARTLAND retained by the hospil should be detached notified at once.	10 B	19e. INFORMANT'S NAME (Type/Print)				and Number or Rural	Route Number, City or To	wn, State, Zip C		200=0	
be be		John S. Wood	20				hersburg,			20879	
Page 6 ma al director, i		20b. PLACE AND DATE OF DISPOSITION 2 D Cremetion 3									
death. Pag tuneral dii I.		21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY									
after death. by the funera moval. ical exami		Muriel H. Barber Funeral Home 20882 21525 Laytonsville Rd., Laytonsville, Md.									
hours after ed in by th or remove	all the	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reepiratory errest, shock, or heart failure. List only one cause on each line. Approximate interval Between									
		IMMEDIATE CAUSE (Fine) Onset and Death									
d with completely fille completely fille event, the		resulting in death)	DUE TO (OR AS	A CONSEQUENCE	OF):	1 0	•				
a para de	NO	disease or condition resulting in death) a. Sequentially list conditions, if any, leading to immediate Due to (or as a consequence of): LV I Navy Track Infection Due to (or as a consequence of):									
sician prior trau	CATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	c	A SUMPLESCENCE (,, ,.				į		
2 5 5 5 C	RTIF	thet initiated evente reaulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE O	OF):						
	뜅		d								
을 들을 들	CAL	PART II. Other significant condition Organi	Part I. 24s. WAS A	I. 24s. WAS AN AUTOPSY PERFORMED?		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE					
w requires that been signed pt. of Health a	EDIC	huper	ne	1 TES	2 NO	OF	DEATH?				
e law requires that has been signed by Dept. of Health and 23 shows any	AN: M	- 17	, , , , , , , , , , , , , , , , , , , ,			<u> </u>				YES 2 N	
ate h B	SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PI	LACE OF DEATH (Ch	eck only one)		4	ho. c	
the the	HYS	1 TYES 2 NO 27. MANNER OF DEATN	1 Inpetient 2 ER/Outs 28e. DATE OF INJURY (Month, Day, Yeer)	28b. TII	ME OF 28c, INJ	JURY AT	6 Other (Specify) >	INJURY OCCU	RED	rons	12
NG PHYS fler this ceath with	Υ P	1 Netural 5 Pending 2 Accident Investigation		M 1 VES 2 NO		er and					
TTENDI TDR: A after d	ETED B	3 Suicide 6 Could not be 4 Nomicide determined	street, tectory, offic	ry, office 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)							
보 그 오 =	COMPLE	29e. CERTIFIER (Check only one) CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner as stated. MEDICAL EXAMINER: On the best of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end menner ee stated.									
TO THE HOSPITAL TO THE FUNERAL DE filed within 72 IMPORTANT: II	BE C	296. SIGNATURE AND TITLE OF CERTIFIE	R C & At D			29c. LICENSE NUI	MBER	29d. DATE !	SIGNED (Mo	onth, Day, Year)	
1	TO B	Mary 7.	ble 19.D	•		D34	373	la	ne 8	3,199	4
1		Marilyn E. G	iles M.D.	EATH (ITEM 27) (150) 19642	Club H	ruse fa	#15	Gait	rest	our,	ug.
_/		31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	NATURE							

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TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within any fours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2. 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG. NO.

	REGISTRAN			VENTIF	CALL	OF DEATE		REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Leat) Joseph Francis Wagley 2. Date of Death JUNE 107 3. TIME OF DEA									. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER	5. SEX									М	
	145-07-6969	1 X M 2 F	6. AGE (In yrs.	YRS.	MONTHS C		MIN. 7. DATE (of BIRTH 17,19	12	Country)	ACE (State or Foreign	
	9e. FACILITY NAME (If not institution, give st	A	01	Thus.	at OUTY T	OWN OR LOCATION		17,19			ısylvania	
œ	4123 Roland Aver						OF DEATH			TY OF DEA	тн	
DIRECTOR	RESIDENCE OF DECEDENT	lue			Bdl	timore			N,	/A		
Ĕ.	10e. STATE 10b. COUNTY			10c. CIT	Y, TOWN OR	OCATION				1	Od. INSIDE CITY	
ā	Maryland N/A				Balti	more		LIMITS?			X YES 2 NO	
FUNERAL	10e. STREET AND NUMBER					10f. ZIP CODE			10g. CITIZ	EN OF WH	AT COUNTRY?	
띨	4123 Roland Avenue				21211			USA				
١	11. MARITAL STATUS	12. WAS DECEDEN FORCES? 1	TEVER IN U.S.	ARMED	13. WA	DECENDENT OF H	HISPANIC ORIGIN	? (Specify Yes	or No—	14. RACE -	- American Indian, White, etc.	
BY		IF YES, GIVE V			1 [YES 2 XNO	Specify:	monn, arc.)		Specify:		
	15. DECEDENT'S EDUC	ATION	100	DECEDENT'S	HEUNI OCC	IDATION	1	V415 65 5116	1		White	
COMPLETED	(Specify only highest grade	completed)		(Give kind of v	vork done dun	ng most of working	100.	KIND OF BUS	INESS/INDU	STHY		
2	Elementary/Secondary (0-12)	College (1-4 or 5 -	•)	Sal	,			Conta	iner	Co		
S	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER	R'S NAME (First, N					
	Joseph Bernard	i Wagley					erine B			lege1	milch	
BE (19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS (S	treet and Number or			_			
임	P.C.Wagley		- 1			on Parkw					1114	
	20y. METHOD OF DISPOSITION 1 & Burlel 2 Cremetion 3 Remo	uml donos Chata		CE AND DATE	OF DISPOSITI	ON (Name of	OATE	20c. LOC	ATION - C	Ity or Town	, State	
	4 Donation 5 Other (Specify)	oval from State	- HOI	gemarorx ir	rity" C	ath. Ch.Ce	m. 6/14	7 Colu	mbia,	Penn	sylvania	
	21. SIGNATURE OF FUNERAL SERVICE NO	ENSEE L	- V.	1_	22. NA	ME AND ADDRESS	OF FACILITY	Wiedef	Ald F	lomo		
	Robert M. Kra	Gest "	1.16	W	650	O York R	oad Bal	timore	Mar	rvlan	d 21212	
	23. PART i. Enter the diseases, or c	omplications the	t caused the	deets Do r	ot enter th	mode of dying	, such es cerd	lec or reeple	etory arre	st,	Approximate	
	ahock, or haart fallura. I	Liat only one cau	ise on eech l	line.							interval Between Onset and Daath	
	disease or condition resulting in deeth) a. Mulymont melanume DUE TO (OR AS A CONSEQUENCE OF):									14610		
	resulting in destiny	DUE TO	(OR AS A CON	SEQUENCE OF	j:						1900	
z I		0										
일	Sequentially liet conditions, if any, leading to immediate	OUE TO	(OR AS A CON	ISEOUENCE OF	7:							
CERTIFICATION	CAUSE (Disease or Injury						·					
	that initiated events resulting in deeth) LAST	DUE TO	(OR AS A CON	ISEOUENCE OF	ን:							
5		d									-	
- 11	PART il. Other significant condition					riying ceuse give	en in Part I.	24a. WAS AN			ERE AUTOPSY FINDINGS	
EDICAL	Type:	mil	letter			PERFOR		0	WAILABLE PRIOR TO OMPLETION OF CAUSE			
	- 1						_				F DEATH?	
ž	DID TOBACCO USE C	ONTRIBUTE	TO CA	USE OF	DEATH	YES 🗀	NO D					
25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF OEATH (Check only one)												
ž	EXAMINER? 1 YES 2 (NO											
H	27. MANNER OF OEATH	28a. DATE OF (Month, D		26b. TIM INJ	E OF 28 URY	c. INJURY AT WORK?	28d. DES	CRIBE HOW IN	JURY OCC	JRED		
à l	1 Nitural 5 Pending 2 Accident Investigation		M 1 YES 2 NO				10					
3 Suicide a Could not be determined 3 Suicide a Could not be determined 4 Homicide determined 286. PLACE OF INJURY — At home, ferm, street, factory, office building, atc. (Specify) 286. LOCATION (Street end Number or Rural Route Number, City or Yown, State)									ite Number,			
29e. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner ee stated. Solution Description Desc								nd manner ee stated.				
29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year)							fonth, Day, Year)					
6 6 west 5 Wylen M1) D26394 > 6/10/94								()				
-	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE	SE OF OEATH (() () (Type,	Print)	ING C	AB	AUTU	nı	71	216	
	31. DATE FILEDY MARGINA PRINCIPAL	32. REGISTRA	R'S SIGNATUR		איזכ	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1/	.3 13				
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BALTIMORE, MARYLAND 21215-0020	ours after death. Page 6 may be retained by the hospital or attending physician,	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	nedical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760.	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with fours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral be filed within 72 hours after death with the State Dept. of Heatth and Mental Hygiene prior to burfal, cremation, or removal,	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

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FOR 1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR CERTIFICATE OF DEATH REG. NO.									
	1. DECEDENT'S NAME (First, Middle, Last) Ruth Warren 2. Date of Death Houth June 3 1990 8	ME OF SEATH PM								
9	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrz. last birthday) 1 UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Your) 1 UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Your)	E (State or Foreign								
OR	90. FACILITY NAME (If not institution, give street end number) 90. CITY, TOWN OR LOCATION OF GEATH Se. COUNTY OF DEATH Liberty Medical (enter Balto)	7-119								
DIRECTOR	100. STATE 10b. COUNTY 10c. CITY TOWN OR LOCATION 10d.	INSIDE CITY LIMITS?								
	1 / / / / / / / / / / / / / / / / / / /	YES 2 NO								
FUNERAL	11. MARITAL STATUS 12. WAS DECEMENT EVER IN U.S. ARMED 13. WAS DECEMBED TO E HISPANIC OFFICIALLY OF AND ALL PROPERTY OF HISPANIC OFFICIALLY OF AND ALL PROPERTY OF HISPANIC OFFICIALLY OF AND ALL PROPERTY OF HISPANIC OFFICIALLY OF AND ALL PROPERTY OF HISPANIC OFFICIALLY OF AND ALL PROPERTY OF HISPANIC OFFICIALLY OF AND ALL PROPERTY OF HISPANIC OFFICIALLY OF AND ALL PROPERTY OF HISPANIC OFFICIALLY OF AND ALL PROPERTY OF HISPANIC OFFICIALLY OF AND ALL PROPERTY OF HISPANIC OFFICIALLY OF AND ALL PROPERTY OF HISPANIC OFFICIALLY OF AND ALL PROPERTY OF HISPANIC OFFICIALLY OF AND ALL PROPERTY OF HISPANIC OFFICIALLY OF AND ALL PROPERTY OF HISPANIC OFFICIALLY OF AND ALL PROPERTY OF HISPANIC OFFICIALLY OF AND ALL PROPERTY OF HISPANIC OFFICIALLY OF AND ALL PROPERTY OF AND ALL PROPERTY OF HISPANIC OFFICIALLY OF AND ALL PROPERTY OF HISPANIC OFFICIALLY OF AND ALL PROPERTY OF HISPANIC OFFICIALLY OF AND ALL PROPERTY OF HISPANIC OFFICIALLY OF AND ALL PROPERTY OF ALL PROPERTY OF AND ALL PROPERTY OF ALL PROPERTY OF ALL PROPERTY OF ALL PROPERTY OF ALL PROPERTY OF ALL PROPERTY OF ALL PROPERTY	4								
BY FU	11. MARITAL STATUS 1 Never Married 2 Merried 1 Never Married 4 Otvorced 12. WAS DECEMENT EVER IN U.S. ARMED FORCES? 1 YES 2 ONO If YES, GIVE WAR OR DATES 13. WAS DECEMOENT OF HISPANIC ORIGIN? (Specify Yee or No— Id. RACE — A Black, While If Yes, specify Cuben, Mexican, Puerto Ricen, etc.) 1 YES 2 NO Specify: Specify: 1	merican indien, te, etc.								
	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16e. DECEDENT'S USUAL OCCUPATION (She kind of work done during most of working) (Ohe kind of work done during most of working)	1201								
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+) I'lly Do NOT use relieved.)									
BE CO	17, FATHER'S NAME (First, Middle Lest) 18. MOTHER'S NAME (First, Middle, Maiden Surryme) Lettil SCOTT									
TO B	190. INFORMANT'S NAME (Type/Print) Carter 190. MAILING ADDRESS (Street and Number cyflural Round Number, City or Town, State, 310 Code)? Theodore Carter 700 N. Charles gate Lake Balto M	1,21239								
	20e. METHOD OF DISPOSITION 1 1 Suriel 2 Cremetion 3 Removal from State 20b. JLACEAND DATE OF DISPOSITION (Name of capitally, clematory for other place) 4 Donetion 5 Other (Specify)	tate								
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22 NAME AND ADDRESS OF FACILITY Dougle 35 Funeral Service									
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory errest,	Approximate interval Between								
	shock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Sepsils									
_	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): PNEUMONIA OUE TO (OR AS A CONSEQUENCE OF): HE PATIC ENCEPHA OPATHY									
ATIO										
CERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in deeth) LAST Rena Failure	5days								
		AUTOPSY FINDINGS								
EDICAL	LIVEY CIPPIOS 13	ABLE PRIOR TO PLETION OF CAUGE EATH?								
PHYSICIAN: ME		YES 2 NO								
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 26. PLACE OF OEATH (Check only one) OTHER: 1 Inperient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)									
PHY	27. MANNER OF DEATH 280. DATE OF INJURY (Month, Day, Year) 280. TIME OF INJURY AT WORK? 280. DESCRIBE HOW INJURY OCCURED INJURY									
ED BY	2 Accident Investigation 3 Suicide 8 Could not be 28. PLACE OF INJURY — At home, farm, street, factory, office 28. LOCATION (Street and Number or Rural Route In building, stc. (Specify)	28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)								
COMPLETED	29e. CERTIFIER 1 1 CERTIFYING DIVENCIAN. To the head of the head o									
COM	one) 2 MEDICAL EXAMINER: On the beele of examination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(e) and	manner ee stated.								
BE	296. SIGNATURE AND TITLE OF CERTIFIER. LEORY C. Wick III M.D. 296. LICENSE NUMBER 5 29d. DATE SIGNED (MORIT D41365 29d. DATE SIGNED (MORIT D41365	June 3, 1994								
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF OEATH (ITEM 27) (Typo, Print) George E. Wicks III M.D. 2600 Liberty Medical Cente	r								
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE JUN 1 3 1994 32. REGISTRAR'S SIGNATURE Andrew									
		DHMH-16 Rev 1/89								

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with norms after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely lifled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If term 28 is marked, or item 23 shows any injury, or other traumatte event, the medical examiner must be notified at once. DIVISION OF VITAL REC

REGISTRAR		CERTIFI	CATE OF	DEATH	REG. N	10.			
1. DECEDENT'S NAME (First, Middle, Last					2. DATE OF DEATH	DAY	YEAR	TIME OF DEATH	
RODNEY	J. WINK)8- 94			
4. SOCIAL SECURITY NUMBER 213-32-2967	5. SEX 6	. AGE (In yrs. last birthday) 35 vrs.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 09-25-5		8. BIRTHPL Country) MARYI	ACE (State or Foreign	
9a. FACILITY NAME (If not institution, give	atreet and number)		9b. CITY, TOWN	OR LOCATION OF DE			TY OF DEA		
JOHNS HOPKINS BA	YVIEW MEDIC	CAL CENTER	BAI	ITY	NONE				
10e. STATE 10b. COUN		10c. CITY	TOWN OR LOCA				10	M. INSIDE CITY	
	NONE		BAI	TIMORE C	ITY		1	LIMITS? YES 2 NO	
100. STREET AND NUMBER 1430 POTOMAC STR	EET		10	2121	3			ED STATES	
11. MARITAL STATUS XX Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT I FORCES? 1 _ IF YES, GIVE WAF	YES 2 NO	If yes, ap		IIC ORIGIN? (Specify n, Puarto Rican, etc.)	Yes or No-	Specify:	4. RACE — American Indian, Black, White, etc. Specify: AFRICAN AMERICA	
15. DECEDENT'S EC		16a. DECEDENT'S	USUAL OCCUPATI	ON	16b. KIND OF	BUSINESS/IND			
Elementary/Secondary (0-12)	College (1-4 or 5+)	Iffe. Do NOT use	ork done during mo retired.)	st of working					
	4 years	SUPER	RVISOR		NOXE	ELL COF	RP.		
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maid	den Surname)			
LEROY WINKLER	, JR.			SAR	A MAYFIEI	D			
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a	nd Number or Rural I	Toute Number, City or	Town, State, Zip	Code)		
SARA MAYFIELD WI	NKLER	1430	POTOMAC	STREET,	BALTIMOR	RE, MD.	212	213	
20a. METHOD OF DISPOSITION X X X X X X X X X	moval from State	20b. PLACE AND DATE OF COMPLETE VICE TO SEE THE COMPLETE VICE THE COMPLETE VICE THE COMPLETE VICE THE COMPLETE VICE THE COMPLETE VICE THE COMPLETE VICE THE COMPLETE VICE THE COMPLETE VICE THE COMPLETE VICE THE COMPLETE VICE THE COMPLETE VICE VICE VICE VICE VICE VICE VICE VIC	F DISPOSITION /N	me of	DATE 20c.	LOCATION - C	City or Town	, Stata	
21. SIGNATURE OF EUNERAL SERVICE	LICENSPE	A	22. NAME A	D ADDRESS OF FA	CHLITY			WILLAND	
Cahin B.	Strug	pdr.			UGGS FUNE ON STREET			21213	
Sequentially list conditions, if any, leeding to immediate couse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. Al DUE TO (O	R AS A CONSEQUENCE OF	from	2515	(at le	ast on	days e yr.	3 days at least	
PART II. Other significant condition	one contribution to de	anth has mad marriation to	n the constant le		0.41 1		1		
DOLETELA	MAT	- Control resulting in	n the underlyin	g ceuse given in	PERI	AN AUTOPSY FORMED?	A	ERE AUTOPSY FINDINGS AILABLE PRIOR TO	
Candid	MAI in	fuction			1 TYES	2 100		OMPLETION OF CAUSE F DEATH?	
		15					1	YES 2 NO	
· Cirrhot	16 aver	disease							
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	ACE OF DEATH (Ch	eck only one)				
1 YES 2 NO		R/Outpatient 3 🗆 DOA	4 - Nursing Hon	e 5 🗆 Residence					
27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF IN (Month, Day,	JURY 28b. TIME (NJI	JRY WO	URY AT PRK? YES 2 NO	28d. DEŞCRIBE HO	W INJURY OCC	URED		
3 Suicide 8 Could not b	28a. PLACE OF I building, etc	NJURY — At home, farm, s c. (Specify)	treet, factory, offic		281. LOCATION (Stree City or Town, St.	net and Number ste)	or Rural Rou	te Number,	
		y knowledge, death occurre						nd manner se stated.	
296. SIGNATURE AND TITLE OF CERTIF		-ds-		29c. LICENSE NUN				P. 1894	
30. NAME AND ADDRESS OF PERSON V	CASSELL	OF DEATH (ITEM 27) (Type,	100	uns Hopk		Baltin		Conter 1D 21224	
31. DATE FILED (Month, Day, Year)	32. REGISTRAR	S SIGNATURE		1,000					

1	FOR STATE REGISTRAR	STATE OF MARYL			HEALTH AND I F DEATH	MENTAL HYGIEN REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)	Frank A	Aye	rs, Sr		2. DATE OF DEATH MONTH 6/10/94	Y YEAR	3. TIME OF DEATH		
2	4. SOCIAL SECURITY NUMBER 215-28-7512	1 Xm 2 □ F 61	In yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS		7. DATE OF BIRTH	33 6. BIR	THPLACE (State or Foreign		
1 11	3032 Bero Rd	9c. COUNTY OF Balte	DEATH O.CO.							
H H	10a. STATE 10b. COUNTY	to.Co.	10c, CIT	Y, TOWN OR LOC	downe, Md	•	10d. INSIDE CITY LIMITS?			
I . 11—	10e. STREET AND NUMBER	Bero Rd.			101. ZIP CODE 21227		1 □ YES 2 ₹ NO 10g. CITIZEN OF WHAT COUNTRY? United States			
	II. MARITAL STATUS I Never Merried 2 Merried B X Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1/12. YES IF YES, GIVE WAR OR ON KOrea	U.S. ARMED 2 NO ATES	It yes,	ECENDENT OF HISPAN specify Cuben, Mexican ES NO Specify			CE — Americen Indien, eck, White, etc.		
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 12th.Grade	CATION completed) College (t-4 or 5 +)		USUAL OCCUPA work done during is se retired.)	nost of working	16b. KIND OF BUS	Railr	oad		
w L	77. FATHER'S NAME (First, Middle, Last) Frankli	n E. Ay	ers		Alber		Jon	es		
2	96. INFORMANT'S NAME (Type/Print) Mr. Wayne T. Aye		3032	Bero	RD. Lans	downe, City or Town	, State, Zip Code) 2122	7		
4	10 METHOD OF DISPOSITION 1 Description 3 Remote B Donetion 5 Other (Specify)		PLACEAND DATE	of disposition (Name of ional Ce	mt.6/13/	Balto	Town, State City, Md.		
2	11. SIGNATURE OF FUNERAL SERVICE LIC	A. May			and address of fact	Ва		. 21230 .Fort Ave.		
i	23. PART I. Eriter the diseases, or o shock, or heert failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	complications that cause considerations that cause on each	och line. Hear	110	wy 2°		ratory arrest,	Approximata interval Between Onset and Deeth		
IFICATI	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE, 70 (OR AS A CONSEQUENCE OF): The property of the conditions, if any consequence of the property of the conditions, and the conditions of the conditions, and the conditions of the conditions of the conditions of the conditions of the conditions, and the conditions of the conditions									
J &	PART II. Other algorificent condition	s contributing to death b	ut not resulting	in the underly	g cause given in i	Pert i. 24a. WAS AN PERFOR	4500	Ib. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
MEDIC					1	1 YES 2	S NO	OMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
PHYSICIAN:	DID TOBACCO USE (15. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. OTHER:	YES NO					
BY PHYS	1 VES 2 NO 7. MANNER'OF OEATH 1 Netural 5 Pending Investigation	1 Inpetient 2 ER/Outp 28e. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c. II	NJURY AT YORK?	6 Other (Specify) 28d. OESCRIBE HOW IN	JURY OCCUREO			
	2 Accident 3 Suictde 8 Could not be determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, ferm,	street, tactory, of	ice	28t. LOCATION (Street e City or Town, State)	nd Number or Rura	Floute Number,		
COMPLETED		CIAN: To the best of my know						r(e) end menner ee stated.		
38 C	Sb. SIGNATURE AND TITLE OF CERTIFIER	Burn	4)		\$1352	BER	29d. DATE SIGNE	I Gill		
	0. NAME AND ADDRESS OF PERSON WHO	Hwy #5	07 (Print)	BURNIE	· Md o	2106/	Į.		
31	1. DATE FILE (1671), 107, 4" 1994	32. AGISTRAR'S SIGN	ATURE PANOLA	ĵ.						

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		permit.
BALTIMORE, MARYLAND 21215-0020	ifter death. Page 6 may be retained by the hospital or attending physician.	the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1.
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TO THE HOSPITAL OR ATTEMPORT PRINCES. The law requires that the death certificate be executed with cours after death. Page 6 may be retained by the host	TO THE RINERAL DIRECTOR After the man been signed by the attending physician and completely and in by the funeral director, page 5 should be detached the funeral director, page 5 should be detached the funeral director, page 5 should be detached the funeral director. The funeral director is the funeral director of the funeral director and the funeral director of the funeral director and the funeral director of	IMPORTANT: If Item 28 s, marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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DR. KENDALL R. FAULKNER, MD

31. DATE FILED (Month, Day, 10ar)

JUN 14 1994

Jun Sander R.

32. REGISTRAR'S SIGNATURE

DIVISION OF VITAL RECORDS, P.O. BOX 68760

DIRECTOR	ANNE ETITZABETTE 4. SOCIAL SECURITY NUMBER 220-09-0468								2. DATE				. TIME OF DEATH
UIMECION									монтн	DAY	94	EAR	12:30 P "
DIMECTOR					MONTHS	DAYS	HOURS	24 HRS. MIN.	(Month,	Dey, Year)		Country)	ACE (State or Foreign
UNECIC	9s. FACILITY NAME (If not Institution, give Stella Maris				96. CITY	TOWS	R LOCATI	ON OF D		26,191	9c. COUNTY		
E	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	rv	19c, CITY, TOWN OR LOCATION										
	MARYLAND			100, 011	BALT							1	ALIMITS?
FUNERAL	100. STREET AND NUMBER 3702	Fait Avenu	ie			101	ZIP COD	224		dail	10g. CITIZEI		AT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	YES 2	MED		If yes, sp	city Cuba	n, Maxica	n, Puarto R	? (Specify Yes o	or No.— 14	Specify:	- American Indian, Vhita, atc.
3	15. DECEDENT'S EDI (Specify only highest grad		/G	ive kind of	USUAL O	CCUPATIO	IN st of workin	na	16b.	KIND OF BUSI	NESS/INDUS		
7 2	Elamentary/Secondary (0-12)	College (1-4 or 5+)	1110.	Do NOT U	se retired.) Ltive				1.2	Canni	ng Co	mpan	у
COMPLET	17. FATHER'S NAME (First, Middle, Last) Edwin	Henry Rap	p							iddle, Maiden S Miller			
IO BE	19a. INFORMANT'S NAME (Type/Print) Edward Chester	Blaney		3702	Fait	Ave	nue,		ltimo	er, City or Town,	2122	4	
	20a. METHOD OF DISPOSITION 1		cemetery, cre Meti	metory or o	ther place)	ory,			JUN	0	tonsv		
	Mar	in D. Laws	on		I	emmo	n-Mi	tche	≥11-W	iedefe Timon	-		1093
CHILLICATION	23. PART I. Enter the diseases, or abock, or heart failure. IMMEDIATE CAUSE (Finat disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	a. The DUE TO (C	Sto	OUENCE O	F):	the mo	de of dy	ing, suc		ac or respire			Approximata interval Batween Onset and Death Omos
# MEDICAL C	PART II. Other significent condition	na contributing to d	leath but not r	esulting	in tha ur	nderlying	j cause (given in	Part I.	24a. WAS AN A PERFORM		AN CC Of	ERE AUTOPSY FINDINGS MILABLE PRIOR TO DMPLETION OF CAUSE F DEATH? YES 2 NO
PHISICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Oulpatient 3	□ DOA	OTHEI	R:			eck only one		OSPIC	TE.	
BY PH	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	(Month, Day								CRIBE HOW IN			
	3 Suicide S Could not be 4 Homicide detarmined	28e. PLACE OF building, et	INJURY — At ho tc. (Specify)	me, larm,	street, lact	tory, office				TION (Street and Fown, State)	d Number or	Rural Roul	e Number,
COMPLETED	anal	SICIAN: To the best of m											nd manner as stated.

2300 DULANEY VALLEY RD., TOWSON, MD

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	AL DR ATTENDING PHYSICIAN: The law
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_		FOR 1 - STATE REGISTRAR	STATE OF MARYLAND / DEPA CERTII	RTMENT OF	HEALTH AND DEATH	MENTAL HYGI		
		1. DECEDENT'S NAME (First, Middle, Last)	Boone			2. DATE OF DEAT	Н	TEAR 2 30 Am
should		4. SOCIAL SECURITY NUMBER 1 213-76-2662 9a. FACILITY NAME (If not institution, give si	5. SEX 1 M 2 F 6. AGE (In yrs. lest birthday 15 YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Yea 3-4-5	9	BIRTHPLACE (State or Foreign Country) MARY And
1. 2. 3	DIRECTOR	Sefon Hill M	PANIR	BAHA	nne Mi		9c. COUNT	Y OF DEATH
permit. Pages	AL DIRE	10a. STATE 10b. COUNTY	1 10c. Cl	BALAIN	MOR5			10d. INSIDE CITY LIMITS? 1 YES 2 \(\text{NO}\)
ian. transit	FUNERA	1022 ASD	12. WAS DECEDENT EVER IN U.S. ARMED		Of. ZIP CODE 2120 CENDENT OF HISPA	Z NIC ORIGIN? (Specify	6	N O WHAT COUNTRY?
Sanding as the	D BY	V Never Married 2 Merried 3 Wildowed 4 Divorced 15. DECEDENT'S EDUC	FORCES? 1 VES 2 NO	If yes, a	S 2 NO Specific	nn, Puarto Rican, etc.)	Black, White, etc.
21 For L	APLETE	(Specify only highest grade	completed) (Give kind of	'S USUAL OCCUPATION work done during must retired.)	ion lost of working	16b. KIND OF	BUSINESS/INDUS	TRY
YLA by the be det	BE COMP	WASKVELT T	BOOKE JR.		18. MOTHER'S NA	ME (First, Middle, Mail	den fumame)	WS
ay be retained page 5 should be notified	10	19e. INFORMANT'S NAME (Type/Print) 20e, METHOD OF DISPOSITION	00005 577	N. LAT	and Number or Rural	n Avs	RICHM	mp 1/1 2322
Page 6 m if director.		1 Burlat 2 Cremetion 3 Remote 4 Donation 5 Other (Specify) 21. SIGNATURE OF PUBERAL SERVICE LIC	1 1 18777		ND ANDESSAPT	(11/9) 20c	LOCATION — CH	Mas MAR
BALTIN after death. Pag by the funeral di moval.		23. PART // Entry throutisenses, on/o	complications that caused the death. Do	27/	PREDA	HON V	uskalli 185 Ba	4. MP, 21229
within 22 mours after within 22 mounts of the cremation, or remover cent, the medical		IMMEDIATE CAUSE (Fins)	e. HYDROCOPUAL U		oue or dying, suc	il as cardiac of re	spiratory arrea	Approximate interval Between Onset and Death
OX 68760, e be executed within sician and complete rior to burial, crem.	CATION		DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF	nove c	y Syn	Sun	e	
Certificat ling phy ygiene p	II. II	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	C. OUE TO (OR AS A CONSEQUENCE C					
S, T death he atten Aental H	AL CERTI		ds contributing to deeth but not resulting	in the underlyin	ra ceuse given in	Part I. 24a, WAS	AN AUTOPSY	24b. WERE AUTOPSY FINDINGS
requires that sen signed by of Health any shows any	MEDIC					PER	FORMEO?	AMPILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
AN: The law fficate has b State Dept.	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	OTHER:	LACE OF DEATH (Ch			
PHYSICIAN: The this certificate with the State	PHYS	27. MANNER OF DEATH	1 Inpatient 2 ER/Outpatient 3 DOA 28a. DATE OF INJURY (Month, Day, Year) 28b. Tilk	4 Nursing Hom	JURY AT	8 Other (Specify) 28d. DESCRIBE HO	W INJURY OCCUR	ED
TTENDING PHYS TOR: After this of the death with the B is marked,	ED BY	1 Netural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be datarmined	28e. PLACE OF INJURY — At home, farm, building, etc. (Specify)	M 1 🗆	YES 2 NO	281. LOCATION (Stre City or Town, St.	net and Number or I	Rural Route Number,
E TO B	OMPLETE	20a CESTURIED	CIAN: To the best of my knowledge, death occurr	and at the time date				
THE HOSPITAL THE PUME filed fin 7	SOM	2 MEDICAL EXAMINER	R: On the basis of examination and/or investigation	ion, in my opinion, d	e and place, and oue death occured at the	time, data and placa,	nenner ea stated. and due to the co	ruse(s) and mannar as stated.
TO THE H TO THE P be filed	O BE	29b. SIGNATURE AND TRAE OF CHILDREN	agua -		DS75	36		GNED (Month, Day, Year)
2	4	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF GEATH (ITEM 27) (Type	s, Print)				
		31. OATE FILED (Morth, Day, Year) JUN 14 1994	32. REGISTRAR'S SIGNATURE					

BALTIMORE, MARYLAND 21215-0020	a nours after death. Page 6 may be retained by the hospital or attending physician.	L DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit he bruis after death with the Stain Beet of Health and Mempal Haylean prior in burial comparison or removal
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	L. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a nouns after death. Page 6 may be retained by the hospital or attending physician.	L DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the in hours after death with the State Dentr of Health and Mental Hydiene prior to hursing cremation or removal

. Pages 1, 2, 3 should TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Striours after death. Page 6 may be retained by the attending physician and completely filled in by the funeral director, page 5 should be detached filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	OR FATE EGISTRAR	STATE OF MARY	LAND / DEPARTI			ENTAL HYGIEN			
3	DENT'S NAME (First, Middle, Last)		Henry Clay		T.	DATE OF DEATH	DAY Q L YEAR	3. TIME OF DEATH	
21	AL SECURITY NUMBER 4-03-5349 ILITY NAME (If not institution, pive	12 M 2 🗆 F 7	6 YRS.	DAYS	HOURS MIN.	(Month, Day, Year) April 7,	Cour	HPLACE (State or Foreign arryland	
	DENCE OF DECEDENT				nove M		9c. COUNTY OF DEATH		
	ryland	- -		rown on Loca timore	TION			10d. INSIDE CITY LIMITS? 1 X YES 2 NO	
52	3 S. East Aver			2	1224		U.S.A.	WHAT COUNTRY?	
	ITAL STATUS over Married 2 Married Idowed 4 Otvorced	12. WAS DECEDENT EVE FORCES? 1 YE IF YES, GIVE WAR OF	S 2 NO	If yes, sp	ecify Cuban, Mexican, 2 NO Specify:	ORIGIN? (Specify Ye Puerto Rican, etc.)	Ble	CE — American Indian, ck, White, etc. City: White	
Elem N/A	15. DECEDENT'S EDI (Specify only highest grad mentary/Secondary (0-12)	UCATION le completed) Coffege (1-4 or 5+) N/A	16a. DECEDENT'S US (Give kind of work life. Do NOT use n	k done during me etired.)	ON ast of working		JSINESS/INDUSTRY	141	
	IER'S NAME (First, Middle, Last)		Steel Wo	orker	18. MOTHER'S NAME	(First, Middle, Maider			
	nry Clay Birch	1	The supposition			a Esposit			
		(Co.)			and Number or Rural Rou		0.00	221	
20e. ME 1 💢 Bur	THOO OF DISPOSITION riel 2 Cremation 3 - Ren		324 Gt 10b. PLACE AND DATE OF I regnatery, crematory or other	DISPOSITION (N	Street, B	DATE 20c. LC	OCATION — City or 1		
	nation 5 Other (Specify)		Oak Lawn Ce	emetery			altimore,	Maryland	
21. SIGN	NATURE OF PUNEHAL BERVICE L	CENSEE			unek Fune		s. Inc.		
,	ALK	bell			Brehms La			. 21213	
Sequer if any, cause. CAUSE that init resultir	shock, or heart failure. DIATE CAUSE (Finel e or condition ing in death) Intially list conditions, leading to immediate Enter UNDERLYING E (Disease or injury Itlated events ing in death) LAST	a. Pheum Due to (or A: b. Chronic Due to (or A:	S A CONSEQUENCE OF):	è pul	monary	disease	2	interval Between Onset and Death 10 day 10 year NAvail NaAvail	
	li. Other eignificant condition	ns contributing to death	but not resulting in 1	the underlyin	g csuse given in Pa	rt I. 24s. WAS AN PERFO	RMED?	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH? 1 YES 2 NO	
25. WAS	CASE REFERRED TO MEDICAL MINER? YES 2 NO	HOSPITAL:		THER:	ACE OF DEATH (Check				
100	NER OF DEATH Netural 5 Pending Accident Investigation	28e. DATE OF INJUR (Month, Day, Year	Y 28b. TIME O	F 28c. INJ WC	RK? /ES 2 NO	Bd. DESCRIBE HOW	INJURY OCCURED		
	Suicide 8 Could not be determined	28e. PLACE OF INJU building, etc. (S	RY — At home, farm, stre	et, fectory, offic	2	Bf. LOCATION (Street City or Town, State,	and Number or Rurel)	Route Number,	
29e. CER (Che one)	ock only	ER: On the basic of examina						e) end manner es stated.	
29b. SIG	NATURE AND TITLE OF CERTIFIE	MD			29c. LICENSE NUMBE	R	29d. DATE SIGNED	(Month, Day, Year)	
30, NAME	E AND ADDRESS OF PERSON WI	y Wedical	Center	Balt	more MC	2120	2		
or. DATE	control (majori, yay, roat)	della Manteger	ardallo						

Item5 7-29-94 FilmG713 W.H.per informant

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within and read lead to fine death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notitied at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	FOR 1 - STATE REGISTRAR	STATE OF MARY		DEPARTME			MENTAL	HYGIEN REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last) MARY BYRD 4. SOCIAL SECURITY NUMBER						2. DATE O	F DEATH		YEAR	3. TIME OF DEATH 5 • 15 P M
	4. SOCIAL SECURITY NUMBER 243-44-8996	5. SEX 1 M 2 K F 6. AGE 62	(In yrs. lest b	oirthday) IF UN MONTH	DER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF	1-31		8. BIRTH	IPLACE (State or Foreign
ac	9e. FACILITY NAME (If not institution, give		0.000		OR LOCATION OF DE			9c. COU	NTY OF D	EATH	
5	3509 ENGLESIE				ALTI	MORE CI	LIY				
DIRECTOR	Maryland 106. COUNT	Υ		10c. CITY, TOW	N OR LOCA Baltin						10d, INSIDE CITY LIMITS?
	10e. STREET AND NUMBER					ZIP CODE			10g. CITI	ZEN OF V	1X YES 2 NO VHAT COUNTRY?
FUNERAL		Ingleside	Ave.			212	215			U.S	.A.
	11. MARITAL STATUS 1 Never Merried 2 Merried	FORCES? 1 YES	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES			ENDENT OF HISPAI ecify Cuban, Maxica	an, Puerto Ric		or No-	Black	— American Indian, c, White, etc.
ВУ	3 Widowed 4 Divorced	IF YES, GIVE WAR OR I				2 X NO Specif	fy:			Speci	Black
TED	15. DECEDENT'S EDU (Specify only highest grade	JCATION e completed)	(Give	EDENT'S USUAL kind of work do to NOT use retire	ne durina mo	ON st of working	16b. K	IND OF BUS	SINESS/IND		
PLE	Elamentary/Secondary (0-12)	College (1-4 or 5+)	ine. O	Domes							
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					16. MOTHER'S NA			,		
BE	19a. INFORMANT'S NAME (Type/Print)	Pete F			ESC /Class at a	and Number or Rural		Thres			S
2	Dorethea M	Morris									d 21215
	20e, METHOD OF DISPOSITION 1 □ Burial 2 🕅 Cremetion 3 □ Ren	noval trom State Ce	b. PLACE AN	D DATE OF DISI	POSITION (Na	ame of	OATE	20c. LO	CATION —	City or To	wn, State
ı	4 Donation 5 Other (Specify)	-	Me	etro Cr	ema to	P ADDRESS OF FA	6-15	Cat	onsv	<u>ille</u>	, Maryland
	· // July	Drown		F	.H.	1206 W.	North	llian Ave.	n C. Ba	Brow 1to.	n Community Md. 21217
CERTIFICATION	23. PART i. Enterna diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arms abook, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) a. Arteriosclerotic Cardiovascular Disease DUE TO (OR AS A CONSEQUENCE OF):							eat,	Approximate interval Batween Oneet and Death		
EH	resulting in death) LAST	d	•								
PHYSICIAN: MEDICAL	PART II. Other algnificant condition		t resulting in the underlying cause given in			PERFORMED?		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF OEATH? 1 YES 2 NO		
IAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		C/100L	. 0. 02		ACE OF DEATH (Ch		INQUI	1/1		
YSIC	1XXYES 2 □ NO	HOSPITAL: 1 Inpatient 2 ER/Out	tpatient 3 🗆		IER: Numing Hom	e 5 Residence	8 Other (Specify)			
	27. MANNER OF DEATH 1 Natural 5 Pending	28a. OATE OF INJURY (Month, Day, Year)		28b. TIME OF INJURY		URY AT PRK? YES 2 NO	28d. OESCI	RIBE HOW I	NJURY OCC	CURED	
) BY	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJUR	Y — At homa	s, ferm, street,			281, LOCAT	ION (Street &	and Number	or Rural F	Route Number,
ETED	4 Homicide determined	bullding, atc. (Spi	вспу)				City or	Town, State)			
COMPL		SICIAN: To the best of my know ER: On the basis of examination									e) and menner ee stated.
	20 SIGNATURE AND TITLE OF CERTIFIE					29c. LICENSE NUI					(Month, Day, Year)
TO BE	Mulyale M	e hull				O.C.M.	E.			UNE	12/94
-	HAME AND ACCRESS OF PENSON WI	[/ A			Stree	et, Bal	timor	e, N	lary.	land	21201
	JUN 1 4 1894	32. REGISTRAR'S SIG									

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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR Russell Eldridge Boley June 7, 1994 10:36 AM 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year) 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign DAYS 231-30-3854 1 X M 2 | F May 28, 1927 Virginia 67 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 18 South Broadway Baltimore City Baltimore City RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore City Baltimore 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 18 South Broadway 21231 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, atc. FORCES? 1 X YES 2
IF YES, GIVE WAR OR DATES 1 Never Married 2 🗷 Married If yes, specify Cuban, Maxican, Puarto Rican, etc.) 1 YES 2 X NO Specify: BY Specify: 3 Widowed 4 Divorced Korea White COMPLETED 18a. DECEDENT'S USUAL OCCUPATION 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highes (Give kind of work done life, Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 12 years Electronic Technician Liberty TV Repairs 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) James B. Boley Bertha S. Cubbage BE Totaled 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 107 Willow Bend Dr. Apt 4B Mrs. Neeltje Boley Owings Mills, MD 21117 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, Stata 1X Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) Maryland Veterans Cemetery 6-13 Garrison, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Loring Byers Funeral Directors, Inc. 8728 Liberty Rd. Randallstown, MD 21133 23. PARTA. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata ehock, or heart failure. Liet only one ceuee on each line. intervai Between **IMMEDIATE CAUSE (Final** Onset and Death diseese or condition_ resulting in death) DUE TO (OR AS A CONSEQUENCE CERTIFICATION Sequentielly list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or injury DUE TO JOR AS A CONSEQUENCE OF that initiated events reaulting in deeth) LAST PART ii. Other significent conditione contributing to death but not resulting in the underlying ceuee given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO MEDICAL COMPLETION OF CAUSE 1 TYES 2 NO OF DEATH? 1 | YES 21 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL: OTHER: 1 YES 2 NO ☐ Inpettent 3 ☐ ER/Outpetlant 3 ☐ DOA 4 Nursing Home 5 Rasidenca 8 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation м 1 YES BY 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office buildfree, atc. (Specify) 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be COMPLETED 4 Homicide detarmined 29a. CERTIFIER

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. (Check only one) 2 MEDICAL EXAMINER: On the yeste of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED Month, Day. 29c. LICENSE NUMBER BE

GISTRAR'S SIGNATURE

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HYSICIAN: The law requires that the death certificate be executed within fours after death. Page 6 may be retained by the hospital or attending physician.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the State Oper. of Health and Mental Hygiene prior to burial, cremation, or removal.	te medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1 be fled within 72 hours after death with the State Deat, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE OF MARYLAND / DEPAR REGISTRAR CERTIF	TMENT OF HEALTH AND	MENTAL HYGIEN					
	1. OECEDENT'S NAME (First, Middle, Last)		2. DATE OF DEATH		3. TIME OF DEATN			
	Dorothy Virginia Bulloc	k	June 1	3 1997	3:30 pa			
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year)	S. BIRT Cour	TNPLACE (State or Foreign			
	215-18-9001 1 □ M 2 🗵 F 71 YRS.	and the second with	11/29/19		ryland			
œ	9a. FACILITY NAME (If not institution, give street and number) 8620 Kelso Drive-Apt. D 308	86. CITY, TOWN OR LOCATION OF O	EATH	9c. COUNTY OF Balti				
5	RESIDENCE OF DECEDENT	KOSSVIIIE		Daiti	more			
RE		Y, TOWN DR LOCATION			10d. INSIDE CITY LIMITS?			
0	Maryland Baltimore	Rossville			1 TYES 2 X ND			
FUNERAL DIRECTOR	8620 Kelso Drive- Apt. D 308	101. ZIP CODE 21221		Į.	WHAT COUNTRY?			
S I	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED	13. WAS DECENDENT OF HISPA	NIC ORIGIN? (Specify Yes		d States			
Y	1 Never Merried 2 Merried FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	If yes, specify Cuben, Mexic 1 ☐ YES 2 [X] NO Speci	en, Puerto Ricen, etc.)	Ble	ck, White, etc.			
D BY	3 Widowed 4 X Divorced				White			
Ξ	(Specify only highest grade completed) (Give kind of the Do NOT use	USUAL OCCUPATION work done during most of working	16b. KIND OF BUS	SINESS/INOUSTRY				
COMPLETED	II Comemary/Secondary (U-12) College (1-4 or 5 +)	ice Clerk	Rest	taurant				
NO.	17. FATNER'S NAME (First, Middle, Last)	18. MOTNER'S N	AME (First, Middle, Maiden	Surname)				
BE C	Warren Holt	Myr	tle Bock					
2		AOORESS (Street end Number or Rural						
		4 Long Meadow						
	200. FLACE AND DATE	of Disposition (Name of Time Place Corporation 6/	0ATE 20c. LO	cation - city or son, Maryl				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Mark T. Zavoyna	22. NAME AND ADDRESS OF FA	CILITY		.u. N			
	Mark T. Suame	Leonard J. 5305 Harfo	Ruck, I	NC. Raltimo	re, 21214			
	23. PART I. Entar the diseases, or complications that caused the death. Do r				Approximata			
	ahock, or heart failure. Lat only one cause on each line. IMMEDIATE CAUSE (Final disease or condition	TAFAST			interval Between Onset and Death			
1	a. Dull To (DR AS A CONSEDUENCE DI	SCIOCC V						
z								
	Sequantially list conditions, if any, lasding to immediate OUE TO (DR AS A CONSEDUENCE OF):							
은	Cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events oue to (DR AS A CONSEDUENCE of	n:						
CERTIFICATION	resulting in death) LAST							
	PART II. Other significant conditions contributing to death but not resulting	in the underlying course given in	Post i Day Mad AM	игловом Так				
PHYSICIAN: MEDICAL		in the underlying cause given in	PERFOR	MED?	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE			
			1 _ YES 2	□ ND	OF DEATH?			
2	DID TOBACCO USE CONTRIBUTE TO CAUSE OF	DEATH YES TO NO			1 YES 2 NO			
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	26. PLACE DF OEATH (C	neck only one)					
YSI	1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DDA	OTHER: 4 Nursing Home 5 Reeldence	6 Cher (Specify)					
	27. MANNER OF GEATH 1 Netural 5 Pending 28b. DATE OF INJURY (Month, Day, Ybar) INJ	URY WORK?	28d. DESCRIBE NOW II	NJURY OCCURED				
BY	2 Accident Investigation	M 1 YES 2 ND	26f. LOCATION (Street a	and Number or Rum	Shouth Number			
밀	4 Homicide determined building, etc. (Specify)	,	City or Town, State)	TO THE HOLE OF FIGHT	noute Nambel,			
COMPLETE	29s. CERTIFIER (Check only 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred	nd at the time, date end place, end du	to the ceuse(e) end men	ner ee stated.				
OM	one) MEDICAL EXAMINER: Dn the beele of examination end/or investigation				(s) end menner ee stated.			
ш	29b. SIGNA TITLE OF CERTIFIER	29c. LICENSE NU	MBER	29d. DATE SIGNE	D (Month, Day, Year)			
TO B	Turbon Ne, 4) 380	48.	► 6/ MK	4.			
	30. NAME AND ADDRESS OF PERSON WND COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Howard I. Goldman, M.D. 7636	Belair Road	Baltim	ore 21	236			
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE	DOTATI NOUG	Darcim	016, 2				
	JUN 1 4 1994 Frieden Process							
					DUMU 16 Day 1/80			



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burlal, cremation, or removal.

IMPORTANT: If tem 28 is marked, or item 23 shows any inlury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF N			TMENT OF H		MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last) CHARLES			PI	URGESS		2. DATE OF DEATH BY OF 11		3. TIME OF DEATN 10:17 PM M
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. last I		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTN	5.1	BIRTHPLACE (State or Foreign
	405-18-2239	1)(∑) M 2 □ F	73	YRS.	MONTHS DAYS	HOURS MIN.	2-15-192	_	Kentucky
E O	99. FACILITY NAME (If not institution, give s NORTH ARUNDEL HO		SOCTATIO	ON		BURNIE	EATH	9c. COUNTY	A. COUNTY
DIRECTOR	RESIDENCE OF DECEDENT 106. STATE 106. COUNTY 106. CITY, TOWN OR LOCATION								
	Maryland NA			Ba	ltimore	(Brookly	/n)		10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	100. STREET AND NUMBER 918 Stoll St	reet.			101	21225		10g. CITIZEN	OF WHAT COUNTRY?
FUN	11. MARITAL STATUS 1 Never Married 2 Merried	12. WAS DECEDENT	EVER IN U.S. ARM			ENDENT OF HISPAN	HIC ORIGIN? (Specify Yearn, Puerto Ricen, stc.)		RACE — American Indian, Black, White, etc.
B≺	3 Widowed 4 Divorced	IF YES, GIVE W				2 X NO Specifi			Specify: White
TED	15. DECEDENT'S EDU (Specify only highest grade	completed)	(Give	EDENT'S I	USUAL OCCUPATION done during mo	ON st of working	16b. KIND OF BUS	SINESS/INDUST	TRY
COMPLETED	Elementary/Secondary (0-12) 2nd Grade	College (1-4 or 5+) _	and	Blaster		Better	^ Build	lers, Inc.
	17. FATNER'S NAME (First, Middle, Last) MOSES		Burgess	:	į	18. MOTHER'S NA	ME (First, Middle, Maiden Ambur		
TO BE	19e. INFORMANT'S NAME (Type/Print)	D		MAILING	ADDRESS (Street e	nd Number or Rural i	Route Number, City or Tow	n, State, Zip Coo	
E F	Mrs. Arbutus	Burgess					imore, Mar		21225
	iXXBuriel 2 ☐ Cremetion 3 ☐ Rem 4 ☐ Donation 5 ☐ Other (Specify)	oval from State	cemetery, crem	atory or oti	FDISPOSITION (Ne her place) 1 Memori	al Park	6/16/94 61	cation—city Ien Bur	nie Maryland
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE Kevir	E. Ecke	er	MCCu I	DADDRESS OF FA	al Home of	f Brook	lyn Md. 21225
	23. PART I. Enter the diseases, or o	complications that	coursed the dear	th Do n	237 E	. Pataps	co Ave., E	Balto.,	Md. 21225
	shock, or heart failure. IMMEDIATE CAUSE (Final	List only one caus	se on each line.	(II. DO II	ot entar tha mo	de or dying, suc	n aa cardiac or reapi	iratory arrest	Approximata Interval Between Onset and Daath
	disease or condition resulting in death)	. CAR	OR AS A CONSEQU	Mer	LARY	ARRES	7.		
z			P-CIC		roeis	SYNDRO	me		
ATIO	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING	DUE TO	OR AS A CONSEOU	PC	1 iuna				
IFIC	CAUSE (Disease or Injury that Initiated evants	c. DUE TO	OR AS A CONSEQU	IENCE OF):	7	NSEASE		
CERTIFICATION	resulting in death) LAST	d	3 CHEMI		TRAF	74 (6	35EASE		
A	PART II. Other algnificant condition	s contributing to	death but not res	sulting i	the underlying	g causa given in	Part i. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDIC	4109						1 YES 2	NO NO	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
N. N									1 129 2 100
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatient 3	DOA	OTHER:	ACE OF DEATN (Ch	6 Other (Specify)		
PHY	27. MANNER OF DEATN 1 Netural 5 Pending	28e. DATE OF (Month, Da	INJURY	28b. TIME	OF 28c. INJ	URY AT	26d. DESCRIBE HOW I	NJURY OCCUR	ED
ЭВУ	2 Accident Investigation 3 Suicide 6 Could not be	26e. PLACE OF	INJURY — At hom	e, ferm, si		rES 2 NO	28f. LOCATION (Street of		Bural Route Number,
ETED	4 Homicide determined	building,	etc. (Specify)				City or Town, Stete)		
29e. CERTIFIER (Check only one) 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner ee state one) 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end piece, end due to the cause(e) end menner ee state one)									ouse(e) end menner ee stated,
29c. LICENSE NUMBER 29c. LICENSE NUMBER 29d. DATE SIGNED (MC								GNED (Month, Day, Year)	
10	30. NAME AND ADDRESS OF PERSON WH ALIF MANEJWALA/1					BURNIE,	MD 20161	,	(17.
	JUN 1 4 199	4 Fisher	Deviden A	hydal	ī				

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BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	lic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate b	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fune be filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT. If item 28 Is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

						UNIL	<u> </u>	DEA	111	HEG. NO	J		
	1. DECEOENT'S NAME (First	Middle, Last)								2. DATE OF DEATH MONTH	DAY	YEAR	3. TIME OF DEATH
	SOPHIE	FREDER	ICA COOK							JUNE 12		994	9:15 AM M
	4. SOCIAL SECURITY NUMBER		5. SEX	8. AGE (In yrs. les	t birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH			PLACE (State or Foreign
	213-07-6256		1 M 2 F	07	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year)	1007	Country)
	9a. FACILITY NAME (If not in		Mark and sumbook	87		AL 00774		R LOCATIO		April 15,		Ma	ryland
nc l			,		- 1							JNTY OF OE	
<u>ē</u>	Homewood Re	tireme	nt Cente	er			MTT.	Liams	sport	-	-W	ashin	gton
ည္မ	100. STATE	10b. COUNTY			100 CIT	, TOWN O	0.10047	1011					
DIRECTOR	Maryland												10d. INSIDE CITY LIMITS?
					B	alti	more	9					1 X YES 2 NO
₹ I	10e. STREET AND NUMBER						101	. ZIP CODE	E		10g. CI	TIZEN OF WI	HAT COUNTRY?
FUNERAL	_5806 Berkle	y Aven	ue					2121	5		1 1	J.S.A	
5	11. MARITAL STATUS		12. WAS DECEOEN	T EVER IN U.S. AR	MED	13. V	WAS DEC	ENDENT C	F HISPAN	IC ORIGIN? (Specify Y	a or No-	14. RACE	American Indian.
	1 Never Merried 2		IF YES, GIVE V	YES 2 X	Ю	1 1	yes, sp	2 X NO	n, Maxicai Specify	n, Puerto Rican, atc.)		Black, Specify	White, atc.
B	3- Widowed 4 Divo	rced							,			Ороси	White
		EDENT'S EDUC		16a. DE	CEDENT'S	USUAL OC	CUPATIO	N N		16b. KIND OF B	JSINESS/IN	DUSTRY	
	Elementary/Secondary (0	highest grade	College (1-4 or 5 -	Hho.	ve kind of w Do NOT us	rork done d e retired.)	uring mo	st of workin	ng				
7	12 Years	/	oonege (14 of 5	.		- 1							
COMPLETED	17. FATHER'S NAME (First, M	iddle Last)			omem	aker		40 14071	UEDIC MA	ME (First, Middle, Maide			
Ö	Ferdinand K	lotz									,		
BE	19a. INFORMANT'S NAME (7							E	liza	beth Von	Keppe	r	
2			_	194						Route Number, City or To			
_	Mr. Louis W		and		5806	Berl	cele	y A	venu	e Baltim	ore.	MD 2	21215
	20a. METHOD OF DISPOSITI		oval from Stata	20b. PLACE A	NDDATEC	FDISPOSI	TION /Ne	me of		OATE 20c. L	OCATION -	City or Tow	rn, State
	4 Donetion 5 D Other	(Specify)		0akla	vn Ce	mete	rv		6	/15/94 I	Balti	more.	Maryland
- 1	21. SIGNATURE OF FUREITA	TERNICE LIC	ENSEE			22. 1	AME AN	O ADDRES	SS OF FAC	CILITY			
- 1	> Xala/	Je _		>		Lc	rin	g By	ers	Funeral D	irect	ors,	Inc.
_	1 Tory	1				87	28	Libe	rtv i	Road Ran	lalle	tourn	MD 21133
	23 PART LEnter the di	eeses, or c	omplications the List only one cau	t caused the de	eth. Do n	ot enter	the mo	de of dyi	ing, euch	as cerdiac or res	piratory a	reet,	Approximate intervel Between
	IMMEDIATE CAUSE (Fin		- /	/		, (-			_			Onset and Death
	disease or condition	-	Duch	- W	(//	the	1	10	//				
	resulting in deeth)	,	DUE TO	(OR AS A CONSE	UENCE OF	1:		1					
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ō	Sequentielly list conditi		OUE TO	(OR AS A CONSEC	UENCE OF	n-							
AT	if any, leeding to immed cause. Enter UNDERLY			,		,-							i
윤	CAUSE (Disease or inju	ny S	DUE TO	(OR AS A CONSEC	UENCE OF	n:							
CERTIFICATION	resulting in deeth) LAS	т		,		,							i l
8			1										
	PART II. Other eignifice	nt condition	s contributing to	death but not r	esuiting i	n the un	deriying	ceuee g	given in			24b. \	WERE AUTOPSY FINOINGS
EDICAL	Datala	1=	He as	10,110	/ /	(IX)	Men	de	100	16	RMEO?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
	- State of	NO /	1140	700.101	11	// K	· LC	,		1 TYES	2 NO		OF DEATH?
Σ										_			1 YES 2 NO
PHYSICIAN:													
5	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:			OTHER		ACE OF D	EATH (Che	ick only one)			
S	1 TES 2 70		1 Inpatient 2	ER/Outpatient 3	□ DOA	4 W Nurs		5 □ Re	sidenca	8 Other (Specify)			
ξI	27. MANNER OF DEATH		28a. DATE OF (Month, D		28b. TIME		28c. INJ			28d. DESCRIBE HOW	INJURY OC	CUREO	
		Pending investigation	(Widnes, D	ay, rear)	INJU	M		RK? 'ES 2 🗌	NO				
B	2 Sulate		28a. PLACE O	F INJURY — At ho	me, ferm, s	traet, facto	rv. office			281. LOCATION (Street	and Numbe	or or Bural Bo	uta Number
Ë.		Could not be determined	building,	atc. (Specify)						City or Town, State)		
COMPLETED	290. CERTIFIER												
린	(Check only		NG .							to the cause(s) and mi			
ő	2 Milita	CAL EXAMINE	the besie of a	xamination end/or i	nvestigation	n, in my op	olnion, de	esth occur	ed at tha	time, date end piece, a	nd due to f	ha ceuse(a)	and menner es stated.
	29b. SIGNATURE AND TITLE	of Surviven	13					9g. ENCE	MAÉ WAW	BEPO	29d. DA	TE SIGNED	Month, Day Year)
m	1/4	10	4				l	Y)	26	806	D	6//	2/54
임	30. NAME AND ADDRESS DE	PERSON WHO	COMPLETED CAUS	SE OF DEATH (ITE	1 27) (Tima	Print			-	1		11	1
	A110.111	31/1	an 121	=>//	-61	KE /	16) _	1	Lande	Y me	as.	2174)
	DI DATE FILED (Month Com		12 POISTO	DIC BIONATURE	44	1711	10	re	11	100/1		-7-	
	PL DATE FILED (Month, Day,	1904	4uli	P. STORY									
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IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE OF MARYLAND / DEPAR REGISTRAR CERTIF	TMENT OF HI	EALTH AND I	MENTAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATN	AV YEA			
	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year) 11/9/19	l Co	IRTNPLACE (State or Foreign ourity) Virginia		
TOR	9a. FACILITY NAME (If not institution, give street and number) Good Samaritan Hospital RESIDENCE OF DECEDENT	96. CITY, TOWN OF Balto	City, M		9c. COUNTY C	OF DEATH		
DIRECTOR	10a, STATE 10b, COUNTY 10c, CIT	y, town or location				10d. INSIDE CITY LIMITS? 1 YES 2 XNO		
FUNERAL	100. STREET AND NUMBER 4018 Ritchie Highway		ZIP CODE 21225			of what country? d States		
ВУ	11. MARITAL STATUS 1 Never Married 2 Married X Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 24 MO IF YES, GIVE WAR OR DATES	If yes, spec	NDENT OF HISPAN offy Cuban, Maxical NO Specify	IIC ORIGIN? (Specify Yas n, Puerto Ricen, etc.)		RACE — American Indian, Black, Whita, atc. Specify: White		
COMPLETED	(Specify only highest grade completed) (Give kind of viite. Do NOT us (Fig. Do NOT us)	vork done during most se retired.)	of working	186. KIND OF BU		np Corp.		
BE COM	17. FATHER'S NAME (First, Middle, Last) William M. Stewart		18. MOTNER'S NAI	ME (First, Middle, Maiden	Surname) Spe	ence		
5	Mr.Thomas W.Cook 6608	Tallula		Route Number, City or Tow 21207	n, State, Zip Code)		
	20e. METNOD OF DISPOSITION CONTROL 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)			DATE 20c. LO Wir	cation – chy o	or Town, State		
	21 SIONATURE OF PUMERAL BERVICE LICENSEE		ADDRESS OF FAC	Ba		1. 21230 E.Fort Ave.		
	23. PART I. Enter the diseases, or complicatione that ceused the deeth. Do r shock, or haert failure. List only one cause on each lina. IMMEDIATE CAUSE (Finel disease or condition resulting in death) e. JCPS15		e of dying, suci	n as cardlec or respi	iratory erreet,	Approximate Intervel Between Onset and Desth		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):							
A	PART II. Other significant conditions contributing to death but not resulting	cause given in	Part i. 24a. WAS AN PERFOR	RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO CDMPLETION OF CAUSE OF DEATH?			
PHYSICIAN: MEDIC						1 - YES 2 NO		
YSICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 P NO	28. PLA OTHER: 4 Nursing Home	CE OF DEATN (Che					
ВУ РН	1 Mr Natural 5 Pending 2 Accident Investigation	M 1 YE		28d. DESCRIBE NOW I	NJURY OCCURED			
	3 Suicide 6 Could not be detarmined 28e. PLACE OF INJURY — At home, farm, street, factory, offica City or Town, State) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)							
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation					se(s) and menner as stated.		
TO BE	296 MIGNATURE AND TITLE OF CERTIFIER MONUM 36. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type,		29c. LICENSE NUM	BER	29d. DATE SIGN	NED (Month, Oay, Year)		
	VYUKARY C. MANAGE, 600 N.	NOIFE	ST, O,	ALTO, MI	D 21	215		
	31. DATE FILED (Month, Day, Year) JUN 1 4 1994 JUN 1 4 1994					DHMN-16 Rev 1/89		

BALTIMORE, MARYLAND 21215-0020

DIVISION OF SUTAL RECORDS, P.O. BOX 68760

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TO THE HOSPITAL OR ATTENDING PROSCIANI IN law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

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IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTI			MENTAL HYGIEN	_		
	1. DECEDENT'S NAME (First, Middle, Lest)					2. DATE OF DEATH		3. TIME OF DEATN	
	Marion K. Childe	arc				MONTH D	994 YEAR	11:10 P. M	
	4. SOCIAL SECURITY NUMBER		yrs. lest birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		HPLACE (State or Foreign	
	236-14-9348 99. FACILITY NAME (If not institution, give s	10X M 2 🗆 F	O YRS.	ONTHE DAYS	HOURS MIN.	(Month, Dey, Year) Mar. 18,	1914 W.	Virginia	
DR B	North Arundel Ho			Glen 1	Burnie	EATN	Anne A		
DIRECTOR	10e. STATE 10b. COUNT		10c. CITY, 1	OWN OR LOCAT	ION			10d. INSIDE CITY	
	Maryland Anne 100. STREET AND NUMBER	Arundel	Sev	rern	ZIP CODE		10g. CITIZEN OF	1 ☐ YES 2∑☐ NO WHAT COUNTRY?	
FUNERAL	1435 Evergreen	Road			21144		United		
à	11. MARITAL STATUS 1 Never Merried 2 Never Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? XX YES IF YES, GIVE WAR OR DA WW I	2 NO	If yee, sp		NIC ORIGIN? (Specify Yearn, Puerto Rican, etc.)	e or No— 14. RAC Blac Spec	E — American Indian, ik, White, etc. ###: White	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	completed)	16e. DECEDENT'S US (Give kind of worn life. Do NOT use r	k done durina mo	N st of working	16b. KIND OF BU	SINESS/INDUSTRY		
APE.	Elementary/Secondary (0-12) 6 Yrs.	College (1-4 or 5+)	Driver	owed.)		Uti1it	У		
Š	17. FATNER'S NAME (First, Middle, Last)				16. MOTHER'S NA	ME (First, Middle, Maiden	Surname)		
BE (Eli Childers				Nancy 1	Davis			
2	19e. INFORMANT'S NAME (Type/Print)					Route Number, City or Tow			
	Evelyn G. Childen 200. METNOD OF DISPOSITION					evern, MD	_		
	1 M Burlet 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	oval from State ceme	PLACE AND DATE OF 1 tery, crematory or other Len Haven	pisposition (Na (Piace) Mem •]	med Park 6/1	1	en Burni	· ·	
	21. SIGNATURE OF EUNERAL SERVICE LIC			22. NAME A	D ADDRESS OF FA	CILITY		3, 12	
	10 /8 Q1	Sul				ck Funeral . S.E. Gle		, MD 21061	
	23. PART I. Entar tha diseases, or shock, or haart failure.	complications that caused List only one cause on as	tha death. Do not ch line.	antar tha mo	da of dying, suc	h as cardiac or reap	iratory arrest,	Approximate interval Between Onset and Death	
	disease or condition resulting in death)	a. Cardia	CONSEQUENCE OF):	srhy	Then	9		Minutes	
Z	Convertibility link and distance	Acute Consestion Heart Failure							
CERTIFICATION	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING		consequence of:		Heart	(D) = 0	- 6 0		
E	CAUSE (Disease or injury that initiated aventa resulting in death) LAST		CONSEQUENCE OF):	1.0	, ,	3			
CER		d							
₽ B	PART II. Other algnificant condition	a contributing to death bu	it not reaulting in	the underlying	causa given in	Part i. 24s. WAS AN PERFOR		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
MEDIC						1 🗀 YES 2	R □ NO	OF DEATH? 1 YES 2 NO	
Z.	DID TOBACCO USE	CONTRIBUTE TO	CAUSE OF I	DEATH Y	ES NO		_		
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PL	ACE OF DEATH (Ch	eck only one)			
PHYS	1 VES 2 NO 27. MANNER OF DEATH	1 Department 2 ER/Output 26e. DATE OF INJURY				6 Other (Specify)			
BY P	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	28b. TIME C INJUR	Y WO	PKY AI PK? ES 2 NO	28d. DEŞCRIBE HOW I	NJURY OCCURED		
ETED B	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY building, etc. (Speci	— At home, ferm, stre	et, factory, offic		2af. LOCATION (Street City or Town, State)		Route Number,	
ᆲ		CIAN: To the best of my knowle							
COM		R: On the basis of examination	end/or investigation,	in my opinion, d			nd due to the ceuse(e) end manner ee stated.	
0 86	296. SIGNATURE AND TITLE OF CERTIFIES	lands	m)		OOL	ABER 159	29d. DATE SIGNED	Month, Day, Year)	
	30. NAME AND ADDRESS OF PERSON WN	O COMPLETED CAUSE OF DEA	TH (ITEM 27) Type, Pr	B	uni	2 M.D.		/	
	31. DATE FILED (Month, Day, Year)	A 32 LAEGISTRAR'S SIGNA			, , ,		`		
	JUN 1 4 1994	John Daviden - Rom	hal						

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

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O THE	THE CH	be filed	MPOR

	REGISTRAR		CERTIFI	CATE O	FDEATH	RE	G. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF O			3. TIME OF DEATH
	HARRY	В			OHEN	JUNE 9	, 1994	YEAR	9:28 A M
			In yrs, last birthday)	IF UNDER 1 YEAR		7. DATE OF BI		A BIOTH	PLACE (State or Foreign
	216-32-8594	1X M 2 □ F 80	YRS.	MONTHS DAYS		(Month, Day, 12/31)	/1012	Country M A D	YLAND
	9a. FACILITY NAME (If not institution, give street								
or.	SINAI HOSPITAL	ec and number)		BALTIM	OR LOCATION OF DE	ATH	9c. CO	UNTY OF O	EATH
DIRECTOR				Dimi					
5	RESIDENCE OF DECEDENT 108 STATE 108, COUNTY		140- 0/77	TOWN OR LOC	471041				
E	MARYLAND			TIMORE	ATION				10d. INSIDE CITY LIMITS?
	200								1 X YES 2 NO
¥	100. STREET AND NUMBER	20171311 201			OT OT O				HAT COUNTRY?
E	1190 W. NORTHERN P	ARKWAY, API	802		21210		US	A	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER II	U.S. ARMED		ECENDENT OF HISPAN			14. RACE	- American Indian,
	1 Never Married 2 X Married	FORCES? 1 YES	ATES 25		specify Cuban, Mexica S 3/ NO Specify		etc.)	Specific	, White, etc.
B	3 Widowed 4 Divorced				Z spears	· ·		WHI	ŤΕ
	15. DECEDENT'S EDUCA		18a. DECEDENT'S L	JSUAL OCCUPAT	TION	16b. KIND	OF BUSINESS/IN	IDUSTRY	
L	(Specify only highest grade co	College (1-4 or 5+)	life. Do NOT use	ork done during i retired.)	nost of working				
립	12	conege (I-4 of 3 +)	PROPRIE	TOR		CLAS	SIC CLE	ANERS	& CAR WASH
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)				18. MOTHER'S NA	ME (First Mint-ti-	Maidan Comaras		
	SIMON	COF	EN		IV. MOTHER S NA	me (1 not, MIGGIE,	, marueri şumeine)		
BE	19a. INFORMANT'S NAME (Type/Print)								
2	SARALEE WOLF				t and Number or Rural i			,	
1.1			2901	BOSTON	ST BALT	IMORE,	MD 212	24	
	20a, METHOO OF DISPOSITION		PLACE AND DATE Of		Name of	DATE	20c. LOCATION -	- City or To	wn, Stata
	4 Donation 5 Other (Specify)	Ē	ETH JACO	B 6	5/10/94		FINKSBU	RG, M	D
	21. SIGNATURE OF JUNERAL SERVICE LICEN	WSEE			AND ADDRESS OF FA				
1 1	NOTE VI	(ittle			EVINSON 8			0.02	
- //	SULLEY III	anun			REISTERT				21215
	23. PART I. Enter the diseases, or con shock, or heert fellure. Lis	mplications that caused at only one ceuse on e	sch line.						Approximeta Interval Between
	IMMEDIATE CAUSE (Final	10. 1			1				Onset and Death
	disease or condition resulting in death)	POL	- 15m	1302	1/5m				12 NR
		DUE TO (OR AS	CONSEQUENCE OF):		2	1	2.7	7
z		MILA	175m	(N12D	mm	1000	TAIL	13 JR5
9	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF):		0117	- 1 / 4		
¥	cause. Enter UNDERLYING	2)2	1361	10					713 MD.
E	CAUSE (Diseese or Injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):					11200
토	resulting in deeth) LAST								
CERTIFICATION	d								-
	PART II. Other significent conditions	contributing to deeth b	ut not resulting in	the underly	ng cause given in		WAS AN AUTOPSY	24b.	WERE AUTOPSY FINDINGS
DICAL						- 1	PERFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
I W I						_ ' _	YES 2 NO		OF DEATH?
≥	DID TOBACCO USE CO	NITRIBLITE TO	CALLEE OF	DEATH 1	/FC = \10				1 YES 2 NO
PHYSICIAN:		NIKIBUIE IO	CAUSE OF	_					
0	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28. OTHER:	PLACE OF DEATH (Ch	eck only one)			
YS.		☐ Inpatient 2 ☐ ER/Outp			me 5 🗆 Rasidence	8 Other (Spe	cify)		
표	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU		NJURY AT	28d. DESCRIB	E HOW INJURY O	CCURED	
B≺	1 Netural 5 Pending Investigation	, , , , , , , , , , , , , , , , , , , ,			YES 2 NO				
	3 Suicide 8 Could not be	28a. PLACE OF INJURY	- At home, term, st	reet, factory, of	ica	281. LOCATION	(Street and Numb	er or Rurat R	loute Number,
	4 Homicide determined	building, atc. (Spec	эпу)			City or Tow	rn, State)		1
🖳	29e. CERTIFIER				- 223			_	
를	(Check only CERTIFYING PHYSICI)	AN: To the best of my know							
COMPLETE	2 MEDICAL EXAMINER:	On the besis of examinatio	n wid/or /hvestigetion	, in my opinion,	death occured at the	time, data and p	place, and due to	tha cause(a)	and manner as stated.
<u></u>	29b. SIGNATURE AND TITLE OF CERTIFIER	1/1/		2- 2-	29c. LICENSE NUI	ABER	29d. DA	TE SIGNED	(Month, Day, Year)
00	Medanos	11:10	da	119	12-04	160	1 12	5/5	194
일	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Tube	Print) > => -	100	300	7	1	11/
	Dormoura E	- (00).	12007	1//.	1/250	15/0	KSIU	WW	14
	31. DATE FILEQ (Month, Day, Year)	32. BEGIATRANA SIGN	ATURE		0000	-170-	M2	- 2	4200
	JUN 1 4 1994	give David	and Bridge						
1 1	7 7 100 1			•					

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DIVISION OF VITAL RECORDS, P.O. BOX 68760

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IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYL		RTMENT OF H		MENTAL HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last) MINNIE	CHERRY				2. DATE OF DEATH MONTH DAY		3. TIME OF DEATH 1:43 P M
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRT	THPLACE (State or Foreign Intry)
1	212-07-1766	1 □ M 2XXF	92 YRS.			11-22-190		RUSSIA
œ	9a. FACILITY NAME (If not institution, give		(D		OR LOCATION OF D	EATH	9c. COUNTY OF	
DIRECTOR	RESIDENCE OF DECEDENT	R NURSING HON	1E	BA	LTIMORE		BA	LTIMORE
REC	10s. STATE 10b. COUNT		10c, CIT	Y, TOWN OR LOCAT				10d. INSIDE CITY LIMITS?
		LTIMORE		BALTI	MORE			1 YES 2 X NO
FUNERAL	10e. STREET AND NUMBER			10	. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?
N	6962 MILBROOK P	ARK DR; APT.			21215			SA
	1 Never Married 2 Married	FORCES? 1 YES	2 NO	If yes, sp	ecify Cuban, Mexic	NIC ORIGIN? (Specify Yes on, Puerto Rican, etc.)		CE — American Indian, ck, White, etc.
B	3 ₩ Widowed 4 □ Divorced	IF YES, GIVE WAR OR D	ATES	1 U YES	2 NO Speci	fy:	Spe	olly: WHITE
	15. DECEDENT'S EDI (Specify only highest gred	UCATION le completed)		USUAL OCCUPATION		16b. KIND OF BUSI	NESS/INDUSTRY	
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT u	se retired.)				
MP	17. FATHER'S NAME (First, Middle, Last)		HC	DUSEWIFE		AT HO		
						AME (First, Middle, Maiden S		
BE	ABRAHAM POLSKY 19a. INFORMANT'S NAME (Type/Print)		19b. MAJLING	ADDRESS (Street a	RIVA	Route Number, City or Town,	State Zin Code	1
유	JULIUS S. CHERF	RY				E, BALTIMORE		1200
	20a. METHOD OF DISPOSITION	201	. PLACE AND DATE	OF DISPOSITION (NE			ATION — City or T	
	1 G Buriel 2 □ Cremetion 3 □ Rer 4 Donation 5 □ Other (Specify)		BREW YOU	ING MEN S	5 6	-12-94 BAL	TIMORE,	MD
	21. SIGNATURE OF FUNERAL SERVICE L	CENSEE 11			T ENTINEON	VI & BROS, IN	VIC.	
	Alyduly L	Millia	0			STOWN RD, E		RE, MD 21215
П	23 PART I Enter the diseases, of	complications that cause	d the deeth. Do	not enter the mo	de of dying, su	ch as cerdiec or respire	story errest,	Approximete
	IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	· Myoc	CONSEQUENCE O	o duje	arch	7		interval Between Onset and Desth
1_1	_	QUE TO (OH AS)	CONSEQUENCE	F):	1,5			
5	Sequentielly list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE O	F):	T			
S	cause. Enter UNDERLYING CAUSE (Disease or injury	C	/					
	that initiated events resulting in deeth) LAST	DUE TO (OR AS /	CONSEQUENCE O	F):				
CERTIFICATION		d						
A P	PART II. Other significent condition	ns contributing to death t	ut not resulting	in the underlyin	g ceuse given in	Part i. 24s. WAS AN A PERFORM		b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDIC						1 YES 2 [COMPLETION OF CAUSE OF DEATH?
ME								1 TES 2 NO
PHYSICIAN:	DID TOBACCO USE	CONTRIBUTE TO	CAUSE OF					171
Si Ci	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	ACE OF DEATH (C			
HYS	1 YES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 ER/Out	petient 3 L DOA			6 ☐ Other (Specify) 26d. DESCRIBE HOW IN.	IIIBY OCCUBED	
	1 Nitural 5 Pending	(Month, Day, Year)	IN.	JURY WO	PRK?	200. DEGOTION IN	TOTAL COCONED	
р Вү	2 Accident Investigation 3 Suicide 8 Could not be	28a. PLACE OF INJURY building, etc. (Spe	- At home, farm,	street, factory, offic	0	281. LOCATION (Street an	d Number or Rural	Route Number,
TED	4 Homicide determined					City or Town, State)		
COMPLET	29a. CERTIFIER (Check only	SICIAN: To the beat of my know	ledge, death occurr	ed at the time, date	end place, end du	to the cause(e) and menn	er ee stated.	
SO.	one) 2 MEDICAL EXAMIN	IER: On the basis of examination	n and/or investigation	on, in my opinion, d	leath occured at the	time, date and pieca, and	due to the ceuse	(e) end manner ea stated.
BE (296. SIGNATURE AND TITLE OF CENTIFIC	200			29c. LICENSE NU	MBER	29d. DATE SIGNE	D (Month, Day, Year)
TO E	MULDER	POOL	- mx	,	215	5/2	16/10	199
	50. NAME AND ADDRESS OF PERSON W	D O -	ATH (ITEM 27) (Type	Print) PARK	11-1	4 4 . 21	200	/
	31. DATE FILED (Month, Day, Year)	SOB MA	ATURE	1 HTCK	Meyh	is ipreal	200	
	JUN 1 4 1994	gretia Devideor	- Andree					

REG. NO.

FOR

1 - STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH GEORGE 1246 COLEMAN 09 06 94 8. AGE (In yrs. last birthday) 4. SOCIAL SECURITY NUMBER 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS 7, DATE OF BIRTH B. BIRTHPL ACE (State or Foreign 228-22-7434 1 M 2 F 69 01/13/ Pages 1, 2, 3 should 9s. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR MEDICAL BALTIMORE BALTIMORE MERLY CENTER RESIDENCE OF DECEDENT 10b. COUNTY 10c CITY TOWN OR LOCATION 10d. INSIDE CITY TES 2 NO Baltimore permit. 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? use as the burial-transit 1520 N. Spring ST. 21213 USA retained by the hospital or attending physician. S should be detached for use as the burial-tran 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 100 IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 Merried BY 3 Widowed 4 Divorced Black COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) 16h KIND OF BUSINESS/INDUSTRY (Spec Elementary/Secondary (0-12) College (1-4 or 5+) Laborer a once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) George Lisa BE notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Yown, State, Zip Code) 2 Jeanette Frierson 1520 N. Spring Street, Balto., MD 21213 ours after death. Page 6 may be page pe METHOD OF DISPOSITION

Pariel 2 Cremation 3 Removal from State 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE must funeral director, Mt. Zion 6/14/94 Lansdowne, MD □ Donation 5 □ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY Albert P. Wylie F/H 638 N. Gilmor Street., Balto.MD2121 removal. medical 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heert feliure. List only one ceuse on each line. Approximate filled in t intervai Between 10 **Onset end Death IMMEDIATE CAUSE (Fine)** completely filled the disease or condition resulting in death) ASPIRATION PNEUMONIA Oue week event. DUE TO (OR AS A CONSEQUENCE OF): and corr o burial, SEPSIS traumatic Days CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): attending physician a ental Hygiene prior to 2 if any, leeding to immediate certificate be ceuse. Enter UNDERLYING CAUSE (Diseese or injury CEREBRAL VASCULAR ACCIDENTS MULTIPLE YEARS DUE TO (OR AS A CONSEQUENCE OF): thet initieted events YEARS resulting in death) LAST DEMENTIA 10 the atter PART II. Other aignificent conditions contributing to death but not recuiting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL and a AVAILABLE PRIOR TO any Signed ! COMPLETION OF CAUSE 1 TYES 2 NO shows 1 TYES 2 NO been t, of I has be Dept. PHYSICIAN: OR ATTENDING PHYSICIAN: The law DIRECTOR: After this certificate has brouns after death with the State Dept. 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
4 □ Nursing Home 5 □ Residence 6 □ Other (Specify) 1 YES 2 NO 1 N Inpatient 2 ER/Outpatient 3 DOA 0 28s. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 26b. TIME OF 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED marked, 1 Netural
2 Accident 5 Pending Investigation 1 YES 2 NO BY 3 Suicide 26e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 99 6 Could not be ED 4 Homicide 28 COMPLET hours Item 29e. CERTIFIER
(Check only one)

The Desire of my knowledge, desth occurred at the time, date and place, and due to the cause(s) end manner as stated.

The Desire of the Desire of my knowledge, desth occurred at the time, date and place, and due to the cause(s) end manner as stated. HOSPITAL FUNERAL within 72 h 10-0 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) BE 06/09/94 PhD MD 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) DANIEL R. BROWN, MERCY HOSPITAL, 301 ST PAUL PLACE, BALTIMORE MD 21201 32. REGISTRAR'S SIGNATURE
Suna Deviden Findale 31. DATE FILED (Month, Pey, Year)
JUN 1 4 1994

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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DS. P.O. BOX 68760,	

DIVISION OF VITAL RECOB

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requirement that the man certificate be executed within mours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been given by the manufacture of the physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	MPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
TO THE HOSPITAL	TO THE FUNERAL	be filed within 72	IMPORTANT: IF	

	1 - STATE REGISTRAR	STATE OF MARYLAND		NT OF HEALTH AND	MENTAL HYGIEN					
18	1. DECEDENT'S NAME (First, Middle, Last)			TE OF BEATH	2. DATE OF DEATN		3. TIME OF DEATH			
	Samuel Dowdy				May 31,	1994	3:00 p. M			
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs.	MONT	IDER 1 YEAR F UNDER 24 HRS. HS DAYS HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year)	8. B	IRTHPLACE (State or Foreign ountry)			
	219 26 6973	1 🔀 M 2 🗆 F 55	YRS.		9 4 3	8	Hd			
œ	9a. FACILITY NAME (If not institution, give :			CITY, TOWN OR LOCATION OF D	PEATN	9c. COUNTY (OF DEATH			
770	RESIDENCE OF DECEDENT	uns Affairs Med. (tr.	BALTIMORE						
DIRECTOR	10a. STATE 10b. COUNT	Y	10c. CITY, TOW	N OR LOCATION		10d. INSIDE CITY LIMITS?				
	10e. STREET AND NUMBER		1 09		1 ⊠ YES 2 □ NO OF WHAT COUNTRY?					
FUNERAL	1224 Sen.	note Ave		101. ZIP CODE	9	U	· S.A			
2	11. MARITAL STATUS 1 Nover Married 2 Married	12. WAS DECEDENT EVER IN U.S. A	ARMED	13. WAS DECENDENT OF NISPA If you, specify Cuban, Mexic	NIC ORIGIN? (Specify Year, Puerto Bican, etc.)	s or No- 14. F	RACE — American Indien, Black, White, etc.			
ВУ	3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DATES		1 TES 2 NO Speci			Specify: Black			
	15. DECEDENT'S EDU (Specify only highest grade	CATION 16a.	DECEDENT'S USUA	L OCCUPATION	16b. KIND OF BU	SINESS/INDUSTF	TY OF CALL			
COMPLETED	Elementary/Secondary (0-12)		(Give kind of work do life. Do NOT use retini	one during most of working od.)			15.5			
MP	1241						3 20			
	17. FATHER'S NAME (First, Middle, Last)	7 0		18. MOTNER'S N	AME (First, Middle, Maiden	Surname)				
BE	19a. INFORMANT'S NAME (Type/Print)	Jondy	400- 444-11-10-400-0	Vivgir	via And	erson				
2	Marion	Mallinge	150 MAJLING ADDR	ESS (Street and Number of Rural	Marie Number, City or Tox	m, State Zip Code	1 7/2 20			
	20s. METNOD OF DISPOSITION	20b. PCAC	E AND DATE OF DIS	POSITION (Name of	DATE 20c.LO	CATION — City of	or Town, Stata			
119	1 Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)		remetory or other ple		196/94 0	Dinas	Hills Md			
	21. SIGNATURE OF FUNERAL SERVICE LI	ENGRE A		22. NAME AND ADDRESS OF F	ACILITY	1	21215			
	* tume	H Shimi	on Te	yarch H. H	Dre Bresh	Ano.	Bo Ho red			
	23. PART I. Enter the diseases, or	complications that caused the	death. Do not en	iter the mode of dying, au	ch as cardiac or resp	iratory arrest,	Approximate			
	IMMEDIATE CAUSE (Final	List only one cause on each ill	ne.				Interval Between Onset and Death			
	disease & condition	. Metastatic C		cer			2 years			
	DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	Sequentially flat conditions, if any, leading to immediate Due to (OR AS A CONSEQUENCE OF):									
CAT	cause. Enter UNDERLYING	C.								
Ĕ	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CONS	EOUENCE OF):							
ER	resulting in death) LAST	d								
AL C	PART II. Other significant condition	ns contributing to death but no	t resulting in the	underlying ceuse given in	Part I. 24s. WAS AN		24b. WERE AUTOPSY FINDINGS			
SICA					PERFO		AMAILABLE PRIOR TO COMPLETION OF CAUSE			
MEC							DF DEATH?			
ä										
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	NOSPITAL:	ТОТЬ	26. PLACE OF DEATH (C	heck only one)					
IYSI	1 YES 2 NO	1 Inpatient 2 ER/Outpatient	3 🗆 DOA 4 🗆	Nursing Home 5 - Residence						
	Natural 5 Pending	26a. DATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY	28c. INJURY AT WORK?	28d. DEŞCRIBE HOW	INJURY OCCURE	D			
BY	2 Accident Investigation 3 Suicide 6 Could not be	26a. PLACE OF INJURY — At	home, ferm, street,		26f. LOCATION (Street	and Number or Ru	iral Route Number,			
COMPLETED	4 Homicide detarmined	building, atc. (Specify)			City or Town, State)	1000			
PLE	29a. CERTIFIER (Check only	ICIAN: To the best of my knowledge,	death occurred at t	he time, data and place, and du	e to the cause(a) and ma	nner as stated.	1400			
MO		ER: On the beats of examination and/o					rse(a) and manner as stated.			
ш	29b. SIGNATURE AND TITLE OF CERTIFIE	R A A	1	29c. LICENSE NU	IMBER	29d. DATE SIG	NED (Month, Day, Year)			
TO B	Joseph J. Disa	104/VA	~	D403	16	► 5/:	31/94			
F	30. NAME AND ADDRESS OF PERSON WA						153			
	Joseph J. Disa	22 South Gr	reene Str	eet, Baltimore	MD 21201	1				
	JUN 1 4 1994	Julia Davidson And					Farmer Land			
		, , , , , , , , , , , ,	Lucia				-			

nours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First	t, Middle, Last)								2. DATE OF DEATN			3. TIME OF DEATH
	Charles Wil						June 11, 1994			3:00 p. M			
	4. SOCIAL SECURITY NUME	BER	5. SEX	8. AGE (In	yrs. last birthday)					7. DATE OF BIRTH 8. BIF			PLACE (State or Foreign
	219-10-4311		1 🔀 M 2 🗌 F	67	YRS.	MONTHS	DAYS	HOURS	MIN.	Feb. 1, 1	927	Mar	yland
_	9e. FACILITY NAME (If not in		9b. CITY	, TOWN	OR LOCATE	ON OF DE	EATN	9c. COU	NTY OF D	EATN			
DIRECTOR	6914 Gough					Ba1	tim	ore				-	
E	10a. STATE	10b. COUNTY	1		10c. CIT	Y, TOWN C	R LOCA	ATION					10d. INSIDE CITY
#	Maryland				Bal	ltimo	re						LIMITS?
	10e. STREET AND NUMBER						10	01. ZIP CODI	E .		10g. CIT	IZEN OF W	NAT COUNTRY?
FUNERAL	6914 Gough	Street	;					21224			U.S	S.A.	
5	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN L	J.S. ARMED	13.	WAS DE	CENDENT C	F NISPAN	IC ORIGIN? (Specify Yes	or No —		— American Indien, , White, etc.
BY	1 Never Married 2 3 Wildowed 4 Divo		IF YES, GIVE					S 2 A NO		n, Puerlo Ricen, etc.)		Specif	V:
	Tovalist Too	CEDENT'S EQU	CATION		16- 0505051ITI0	1							White
COMPLETED	(Specify onl	ly highest grade	completed)		(Give kind of life, Do NOT u	work done	during m	ion ost of workin	g	16b. KIND OF BUS	SINESS/INC	DUSTRY	
2	Elementery/Secondary (0 N/A		College (1-4 or 5		Laborer	,				City of	F Rol	timo	ro
MO	17. FATHER'S NAME (First, M		.,		Daborer			16. MOTI	IER'S NA	ME (First, Middle, Meiden		C TIHO	Te
	Charles Dib	bern							riet				
BE	19a. INFORMANT'S NAME (Type/Print)			19b. MAJLING	ADDRESS	S (Street	_		Route Number, City or Tow	n, State, Zip	Code)	
2	Rebecca Dib	bern (Wife)							Baltimore,			24
	20e. METNOD OF DISPOSIT	TON 3 D Bar	auni dan m Chat-	20b. P	LACE AND DATE	OF DISPOS	ITION/A	leme of		DATE 20c. LO	CATION -		
	4 Donetion 5 Other		OVAL FROM STATE	_ Ganet	rdens o	Fa:	ith	Ceme	tery	6/15 Ba	1time	ore,	Maryland
	21. SIGNATURE OF FUNERA	L SERVICE LIC	ENSEE	,				ND ADDRE					
	Euge	ne	L Ce	it	0/					ineral Home Lane, Balti			. 21213
	23. PART i. Enter the d	liseases, or	emplications the	at caused t	tha death, Do	not enter	tha m	oda of dy	ing, suc	h as cardiac or respi	ratory an	rest,	Approximate
	ahock, or h IMMEDIATE CAUSE (Fir	nel	List only one car										Interval Batween Onset and Death
	disease or condition resulting in death)	→	ACUTE R	ENJA	L FA	+ILU	RE						one weet
	resulting in gastn)	,	DUE TO	OR AS A C	ONSEQUENCE O	F):							ere meer
Z	0				RENA			ILUR	C				ore year
5	Sequantially list condit If any, leading to imme	diata	DUE TO	(OR AS A C	ONSEQUENCE O	F):							
CERTIFICATION	cause, Entar UNDERLY CAUSE (Disease or inju		C	(00.40.4.0									
	that initiated events resulting in death) LAS	т	OUE TO	(OR AS A C	ONSEQUENCE O	F):							
岂			d										1
	PART II. Other aignifica		s contributing to	death but	not resulting	In the ur	dariyli	ng causa (jiven in	Part I. 24a. WAS AN PERFOR		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDICAL	STRO	KE								1 _ YES 2	-		COMPLETION OF CAUSE OF DEATH?
ME													1 TYES 2 NO
ä	DID_TOBACC	O USE	CONTRIBUT	TE TO	CAUSE O	F DEA	HT	YES [N	0 121			
PHYSICIAN:	25. WAS CASE REFERRED T EXAMINER?	O MEDICAL	HOSPITAL:			OTHER		PLACE OF D	EATN (Ch	eck only one)			
YSI	1 TYES NO		1 Inpetient 2			4 🗆 Nun		me 5 Re	sidence	6 Other (Specify)			
표	27. MANNER OF DEATH 1 Netural 5	Pending	26a. DATE Of (Month, L		26b. TIN	JURY	W	JURY AT ORK?		28d. DESCRIBE NOW I	NJURY OC	CURED	
À	2 Accident	Investigation	20- DI ACE /	OF IN HIPV	Ashan tan	М		YES 2	NO				
		Could not be datarmined	building	, atc. (Specify	- At home, farm,	street, rect	ory, om	ca		281. LOCATION (Street of City or Town, State)		r or Rural R	oute Number,
画	290. CERTIFIER	-											
MP	(Check only CER									to the cause(a) and mar			
COMPLETED				examination a	end/or investigation	on, In my o	pinion,	death occur	red at the	lime, date end place, en	d dua to th	he ceuse(e)	and menner es atated.
H	29b. SIGNATURE AND TITLE	1.1	M	~ -	7.041				ENSE NUM		29d. DAT	E SIGNED	(Month; Day, Year)
စ္	30. NAME AND ADDRESS O	Habil	~	X	MACD			MP	D	42149		6/1	4/74
	Dr Sally U	r PERSON WH	O COMPLETED CAU	To	n (ITEM 27) (Type	, Print)	. 1	0	12	20 Sister 1	Pierr	e Dr	ive,Suite 20!
	31. DATE FILED (Month, Day.	Year)	ong, st.	Jose	hu.s Ho	spit	aı	campu	s Ba	altimore, N	٧d.	2120	4
	JUN 1		Julia)	wid	80.00								- 1
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TO THE HOSPITAL OR ATTENDING PHY COMMINING THE Requires that the death certificate be executed with chours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: A this comment was seen signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	emation, or removal.	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
death certificate be executed will	attending physician and comple	ental Hygiene prior to burial, cre	ry, or other traumatic ever	
CHAIR THE Sew requires that the	certified has been signed by the	the State Dept. of Health and Me	I, or item 23 shows any inju	
TO THE HOSPITAL OR ATTENDING PHY	TO THE FUNERAL DIRECTOR: ATT THE C	be filed within 72 hours after death with the Same Death of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked,	

	FOR 1 - STATE	STATE OF MAI	RYLAND / DEPAR					
	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)		CERTIF	ICATE OF	DEATH	REG. NO		
					1	2. DATE OF DEATH DATE OF	AY	year 3. TIME OF DEATH
	CHARLES A			EDO		06 08	(94 4:10 PM M
	4. SOCIAL SECURITY NUMBER		AGE (In yrs lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHPLACE (State or Foreign Country)
	228–14–9738	1 X M 2 F	74 YRS.	- CATS	NOUNS WIN.		1919	Virginia
	9a. FACILITY NAME (If not institution, give s	street and number)		9b. CITY, TOWN	OR LOCATION OF DEA		T	JNTY OF DEATH
OR	NORTH ARUNDEL HOS	SPTTAL ASSO	CTATTON	CLEM	BURNIE			4 4 001111771
5	RESIDENCE OF DECEDENT		CIATION	GLEN	DUKNIE			A.A. COUNTY
DIRECTOR	10a. STATE 10b. COUNT		10c. CITY	Y, TOWN OR LOCA	TION			10d. INSIDE CITY LIMITS?
۵	Maryland Anne	Arundel	S	evern				1 YES 2 X NO
AL	10e. STREET AND NUMBER			10	f. ZIP CODE		10g. CIT	TIZEN OF WHAT COUNTRY?
ER.	7743 Telegraph Rd	l.			21144		Uni	ted States
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EV	VER IN U.S. ARMED	13. WAS DEC	CENDENT OF HISPANI	C ORIGIN? (Specify Yes	or No.	14. RACE — American Indian,
	1 Never Merried 2 Married	FORCES? 1 X		If yes, sp	secify Cuban, Maxicon.	, Puerto Rican, atc.)		Black, White, atc.
ΒY	3 X Widowed 4 Divorced	WW 2		I TES	2 NO Specify:			Specify: White
G	15. DECEDENT'S EDU	CATION	16a. DECEDENT'S	USUAL OCCUPATI	ON	16b. KIND OF BUS	SINESS/IN	DUSTRY
E	(Specify only highest grade Elementery/Secondary (0-12)	College (1-4 or 5+)	(Give kind of w	work done during mose retired.)	ost of working	COLUMN TO SE		
PL	8	College (1-4 of 5+)	Welder			Ship Bu	ildi	.ng
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				16 MOTHED'S NAM	NE (First, Middle, Meiden	Cumanal	
Ö	Alfred Dedo					n Eva Comb		
BE	19a. INFORMANT'S NAME (Type/Print)	_	I an area are					
2	Lewis A. Dedo		7724	Zachary	Tane. G1	oute Number, City or Tow	n, State, Zi M⊃ v	yland 21061
				_				
	20a. METHOD OF DISPOSITION 1-X Burlat 2 Cremation 3 Rem	oval from State	20b. PLACE AND DATE C cemetery, crematory or ot	ther place!				City or Town, State
	4 Donation S Other (Spurm		Crownsvil.	<u>le MD Ve</u>	et. Cem. (6–10–94 Cr	owns	ville, Maryland
	21. SIGNATURE OF PUNERAL SERVICE LIN	CENNEE		22. NAME A 以irlo1	ND ADDRESS OF FAC	k Funeral	Llom	
	160 181							urnie, MD 21061
	23. PART I. Enter the diseases, or			1721 0				ariire, un ziooi i
		complications that ca	used the death. Do n	of enter the mo	de of dving such	as cerdies or resoi	ireton, e	rest Assertimets
	ehock, or heert feilure.	List only one ceuse	used the death. Do n on each lina.	not enter the mo	ode of dying, such	as cerdiac or reepi	iratory ar	rest, Approximete intervei Between
	ehock, or heert feilure. iMMEDIATE CAUSE (Finel	List only one ceuse	on each lina.	of enter the mo	ode of dying, such	as cerdiac or reepi	iratory ar	rest, Approximete
	ehock, or heert feilure.	List only one ceuse	on each lina.	deff	ode of dying, such	as cerdiac or reepi	l fo	rest, Approximete intervei Between
	ehock, or heert fellure. IMMEDIATE CAUSE (Finel disease or condition	List only one ceuse	as a consequence of	deff	ode of dying, such	as cerdiac or reepi	l fo	rest, Approximete intervei Between
NC	ehock, or heert feiture. IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	a. OUE TO (OR P.)	on each line. Solution As a consequence of	Leff	- Ins	as cerdiac or reepier _ Lob	l fee	rest, Approximete intervei Between
ATION	ehock, or heert feilure. IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Sequentielly list conditione, if any, leading to immediate	a. OUE TO (OR DUE TO (OR DUE TO (OR	AS A CONSEQUENCE OF AS A CONSEQUENCE OF	Leff	- Inos	as cerdiac or reepies - 205	fee cit	rest, Approximete intervei Between
ICATION	ehock, or heert feilure. iMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Sequentielly list conditione,	a. DUE TO (OR DUE TO (OR C. C.	AS A CONSEQUENCE OF	Leff lefest physical property is a second content of the second	ode of dying, such - Inos Ontre &	as cerdiac or reepley _ Lob	fee ei 1	rest, Approximete intervei Between
TIFICATION	ehock, or heert feilure. IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Sequentielly list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. DUE TO (OR DUE TO (OR C. C.	AS A CONSEQUENCE OF AS A CONSEQUENCE OF	Leff lefest physical property is a second content of the second	ode of dying, such - Inde Coppe & Plug Lift a Co	as cerdiac or reepier - 205 Esopha	fee ein	rest, Approximete intervei Between
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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Thours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

IYEMS: 23 PART I, 27, 28a,c,d,e,f, PER MEO FILM G-712 6/22/94 t.t. IYEM: 1. PER F.H. FILM G-712 6/13/94 t.t.

1 - STATE REGISTRAR	
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTR	AR		CER	TIFICAT	E OF	DEATH		REG. NO					
1. DECEDENT'S	NAME (First, Middle, Last)	MICHAEL WILL	AM ROBER	T DUFFY				OF DEATN			3. TIME OF DEA	TN	
MICH	AEL	W		DUI	FY		JUN	JUNE 11, 1994 8) P M	
4. SOCIAL SECU 578-7	6-0260	5. SEX 6. AG	E (In yrs. last birt	thday) IF UNDS	DAYS	IF UNDER 24 HRS. HOURS MIN.	7 DATE	OF BIRTH		DISTUS	Marylar	Foreign 1d	
9a. FACILITY NA	AME (If not institution, give :	street and number)		9b. CIT	9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH								
	OUTH KRES	SSON STREE	T	BA	BALTIMORE City								
10a. STATE	10b. COUNT	Y	10	c. CITY, TOWN	OR LOCA	TION				1	IOd. INSIDE CIT	Υ	
					Bal	timore (City				YES 2	NO	
10e. STREET AN		Belwood Ave	nue		101. ZIP CODE 21206 United Stat								
3 X Widowed	ried 2 Merried	13	13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 ☐ YES 2 💢 NO Specify: 1. RACE — American Indian, Black, White, etc. Specify: White										
9	15. DECEDENT'S EDL (Specify only highest grade	JCATION	18a. DECED	ENT'S USUAL	CCUPATI	ON	161	b. KIND OF BUS	SINESS/INDU	STRY			
Elementery/S 11 17. FATNER'S NA	Secondary (0-12)	College (1-4 or 5+)	Roo	NOT use retired.,	d of work done during most of working 2T use retired.)								
17. FATNER'S NA	ME (First, Middle, Last)	illiam Duffy				18. MOTNER'S N	IAME (First,		_				
19a INFORMANI	T'S NAME (Type/Print)	IIIIaiii Dui i y	105 141	AU DIC ACCRE	C (Decent	and Number or Rura	10		nna G				
	l A. Mosack	(3	612 7	th S	treet	Balt	imore,	Md.	212	25		
	F DISPOSITION Cremation 3 - Ram 5 - Other (Specify)	novel from State	PROBLEM STATE AND PROBLEM STATE OF THE PROBLEM STAT	DATE OF DISPO	SITION (N		/13/9		CATION — CI	-	n, Stete larylan	d	
21. SIGNATURE	milten 1		Mhight	Jr 22	NAME A	Harford			J.R imore,			4	
IMMEDIATE C	ahock, or haert failure. List only one place on aach line. IMMEDIATE CAUSE (Final disease or condition reaulting in death) But To (OR AS A CONSEQUENCE OF): Interval Between Onset and Deeth Onset and Deeth												
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	BACCO USE	CONTRIBUTE TO	CAUSE	OF DEA	TH Y	ES NO) [
25. WAS CASE R EXAMINER?	EFERRED TO MEDICAL	HOSPITAL:		OTUE		ACE OF DEATH (C	Check only o	ne)					
X XYES 2		1 Inpetient 2 ER/O	utpatient 3 🗆 E	OTHE 4 Nu		e XXRasidence	6.E Oth	er (Specify)					
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2 Acciden		FOUND 6-11		М		YES 2 XX NO	UNKNO						
3 Suicide 4 Homicid	8 XXX Could not be determined	n HOUSE	ctory, offic		City	or Town, State)	Street and Number or Rural Route Number, State) 30 S. KRESSON STREET MARYLAND						
290. CERTIFIER	1 CERTIFYING PNYS	ICIAN: To the best of my kn			A)	20.12.2517							
29a. CERTIFIER (Check only one)		ER: On the basis of exemine									and mannar as	stated.	
						29c. LICENSE NI							
Wall	in the	46.00	Mn								Wonth, Day, Year		
30. NAME AND	31.00	O COMPLETED CAUSE OF	DEATH (ITEM 27) (Type, Print)		0.C.	м.Е.		JI	JNE	11, 1	.994	
MARY	spuns	D. KORFLL	111	Penn S	Stre	et, Ba	ltim	ore,	Mary.	land	2120)1	
31. DATE FILED	N 1 4 1994	Julia Deir	CHATURE DO	2.00									

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3. TIME OF DEATH

REG. NO.

2. DATE OF DEATH

FOR STATE REGISTRAR

1. DECEDENT'S HAME (First, Middle, Last)

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YEAR 994 Her :30PM 4. SOCIAL SECURITY HUMBER 5. SEX 8. AGE (in yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 19-40-075 1 (M 2 | F YRS. permit. Pages 1, 2, 3 should 9a. FACILITY HAME (If not institution, give 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Levindale N.H. DIRECTOR 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MU Da 1 X YES 2 HO FUNERAL 10e. STREET AND NUMBER 10f, ZIP CODE 3 3 2 use as the burial-transit 1207 hours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EYER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specity Yea or No-if yes, specity Cuben, Maxican, Puerto Rican, etc.) - American Indian, White, atc. 1 Never Merried 2 Man 3 Widowed 4 Divorced Black 1 TES 2 NO Specify: BY COMPLETED 16a. DECEDENT'S USUAL OCCUPATIOH (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/IHDUSTRY detached for College (1-4 or 5+) 124 Ba 00 once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, 8 F laver BE funeral director, page 5 should notified 2 10 21207 must be 20b. PLACE AHD DATE OF DISPOSITION (Nei METHOD OF DISPOSITION 6/17/9u Cremation 3 5 Other (Specify) other traumatic event, the medical examiner OF FUNERAL SERVICE LIGENSEE ADDRESS OF FACILITY H.West ume 00 completely filled in by the rial, cremation, or removal. 23. PART. Enter the diseases, or complications that cased the deeth. Do not enter the mode of dying, such as cerdiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximete Interval Between iMMEDIATE CAUSE (Fine) disease or condition Onset and Death ND STAGE
DUE TO (OR AS A CONSEQUENCE OF): MSEASE resulting in deeth) executed with attending physician and com mal Hygiene prior to bunal, CERTIFICATION Sequentielly list conditione, If sny, leading to immediate cause. Enter UNDERLYING 10 CAUSE (Disease or injury that initiated evente reculting in deeth) LAST 10 of Health and Mental item 23 shows any injury, PART ii. Other eignificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. MEDICAL 24s. WAS AN AUTOPSY WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO 1 - YES 2 10 COMPLETION OF CAUSE OF DEATH? 1 TES 2 NO PHYSICIAN: DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO I Dept. certificate has 25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 YES 2 HO 26. PLACE OF DEATH (Check only one) State OTHER: Inpatient 2 - ER/Outpatient 3 - DOA 6 the 28s. DATE OF INJURY (Month, Day, Year) DIRECTOR: After this cer hours after death with the item 28 is marked, o 27. MANNER OF DEATH 28c. IHJURY AT WORK? 28b, TIME OF 28d, DESCRIBE HOW IHJURY OCCURED 1 Hatural Pending Investigati 1 YES 2 🗌 HO В Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATIOH (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Homicide TO THE HOSPITAL OR AT TO THE FUNERAL DIRECT DE filed within 72 hours a IMPORTANT: If item 2 29a. CERTIFIER CERTIFYING PHYSICIAN: To the best of my kno 2 MEDICAL EXAMINER: On 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) B 2 LETEO CAUSE OF DEATH (ITEM 27) (Type, Print) 31. DATE FILED (Month 1994 32. REGISTRAR'S SIGNATURE— 4 DHMH-16 Rev 1/89

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within and located the death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR 1 - STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	nedistrian				CERTIF	ICAID	CUL	DEA	ın		REG. NO.				
	1. OECEDENT'S NAME (First	, Middle, Last)								2. DATE OF	DEATH		YEAR	3. TIME	OF DEATN
	LAVERNI	E M	. ERSKINE	3						6	12		94	3:	45 AM
	4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (In yr	s. lest birthday)	IF UNDER		IF UNDER	R 24 HRS.	7. DATE OF	BIRTH		8. BIRTI	NPLACE (S	State or Foreign
	469-01-5591	1	1 🗌 M 2 💢 F	80	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, I	(14 / 14		Count	(ערו	_
	9a. FACILITY NAME (If not in	stitution, give s	treet and number)			9b. CITY	TOWN (OR LOCATI	ON OF DE		/14	9c. COU	NTY OF E	MIN	IV •
E E	5400 VANTAGI	ייאד∩ם י	תק יו					MBIA					HOWA		
5	RESIDENCE OF DEC	EDENT	I KD.				ULU	UDIA					TIOWA	עעט	
DIRECTOR	10a. STATE	10b. COUNTY	1		10c. CIT	Y, TOWN C	R LOCAT	TION						10d. INS	SIDE CITY
	MD	HOW	ARD			COLUI	MBIA								IITS?
AL	10e. STREET AND NUMBER						101	ZIP COD	E			10g. CIT	IZEN OF	WHAT COL	
E.	5400 VANTAG	E POII	VT RD.	N -3	07			210	44	U.S				A.	
FUNERAL	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S	ARMED	13. 1	WAS DEC			IIC ORIGIN?	Specify Yes				ican Indian,
	1 Never Married 2		FORCES? 1 IF YES, GIVE V	YES 2.	 №	1	f yes, sp	ecity_Cubs		n, Puarto Ric		J. 744	Blac	k, White,	etc.
В	3 📉 Widowed 4 🗋 Divo	rced		U. VALES				243 110	Specify				Spec	:ny: /HITE	,
COMPLETED	15. DEC	EDENT'S EDUC y highest grade	CATION	164	DECEDENT'S	USUAL O	CCUPATIO	ON		16b. K	IND OF BUS	INESS/INI		11115	
ET	Elementary/Secondary (6		College (1-4 or 5	,	(Give kind of life, Do NOT u	se retired.)	uunng ma	st of working	ng						
API			4		HOM	EMAKI	ER				C	WN H	OME		
ō	17. FATHER'S NAME (First, M	liddle, Last)						18. MOT	NER'S NA	ME (First, Mic	dle, Maiden	Surname)			
BE C	THOR KN	JTSON						MA	RIE	FAH	NBERG				
	19a. INFORMANT'S NAME (1				19b. MAILING	ADDRESS	(Street a	nd Number	r or Rural F	Route Number	City or Town	n, State, Zi	Code)		
2	DAVID G. ER	RSKTNE.	JR (SON		67 WA									1228	
	20a, METNOD OF DISPOSIT	ION		_	CE AND DATE						Υ			own, State	
	1 X Burial 2 ☐ Crematic 4 ☐ Donation 5 ☐ Other	on 3 🗌 Rame	oval from Stata	cemetery	, crematory or o	ther place)		06-	17-	94	100. 200				
	21. SIGNATURE OF FUNERA	1.7	ENSEE	- LAKL	INGION				SS OF FAC			AR	LING	TON,	VA
		>	1.3	1						LLS R	D. V	VITZE	E FU	JNER <i>A</i>	AL HOME
		ueas	vez	the		C	ALT.TC	BTA.	MD	21	045				
	23. PART I lenter the d	iseases, or c	complications tha	caused the	death. Do	not enter	the mo	de of dy	ing, suci	h as cardla	c or reapl	ratory ar	rest,		proximate
	ahock, or heart fallure. List only one cause on each line. Interval Batween IMMEDIATE CAUSE (Final Onset and Daath														
	disease or condition \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \														
	DUE TO (OR & CONSEQUENCE OF):														
_	(S. C. S. S. S. S. S. S. S. S. S. S. S. S. S.														
임		Sequentially list conditions, if any leading to immediate DUE TO (OR AS A CONSEQUENCE OF):													
8	cause. Enter UNDERLYING														
CERTIFICATION	CAUSE (Disease or Inju that initiated events	l'y		(OR AS A CO	NSEOUENCE O	F):									
	resulting in death) LAS	Т .	d,												
	DART II ON 1 10	- A			A DESCRIPTION OF THE PARTY OF T			-							
EDICAL	PART II. Other algnifica	ent condition	s contributing to	death but n	ot resulting	in the un	derlying	g cauae s	given in	Part I. 2	PERFOR		246		TOPSY FINDINGS LE PRIOR TO
음										_ ,	YES 2				TION OF CAUSE
ME															S 2 NO
	DID TOBACCO	USE C	CONTRIBUTE	TO CA	USE OF	DEAT	HY	ES 🖂	NO						
Y.	25. WAS CASE REFERRED TO	P MEDICAL					28. PL	ACE OF D	EATN (Che	eck only one)					
PHYSICIAN:	EXAMINER?		HOSPITAL:	ER/Outpetler	nt 3 □ DOA	OTHER		e 5 🗆 R	naldenca	6 Other (Specify)				
₹	27. MANNER OF DEATH		28a. DATE OF	INJURY	26b. TIN	E OF	28c. INJ	URY AT		26d. DESCE		JURY OC	CURED		
		Pending Investigation	(Month, D	sy, Year)	IN.	IURY M		RK? YES 2] NO						
ВУ	3 Suidide —	Investigation	28a. PLACE O	F INJURY — A	At home, term,	street, fact				26f. LOCAT	ON (Street =	nd Numbe	or Rumi	Route Num	ber.
		Could not be determined	building,	atc. (Specify)		,					Town, State)	varreda	ar i lurar i	.July (Yull)	,
COMPLETED	29a. CERTIFIER	IEVINO PURO	CIAN TO ST		4444										
MP	(Check only		CIAN: To the best of												
8		-	R: On the beale of a	umination and	wor investigation	m, in my o	pinion, d	eath occur	red at the	time, data ar	d place, an	d dua to ti	he Cause(a) and mee	nner ag stated.
BE (296. SIGNATURE AND TITLE	29b. SIGNATURE AND TITLE OF CERTIFIER						29c. LJCI	ENSE NUM	BER		29d. DAT	E SIGNED	(Month, D	Day, Year)
2	NILLA	1/4	mylt	>1				DZ	_07	08		> (0/1	3/	51
F	30. NAME AND ADDRESS OF	PERSON WH	O COMPLETED CAU	E OF DEATH	(ITEM 27) (Type	, Print)									
	Dr. Will:	iam Flo	wers 1	055 L	ittle	Patu	xent	Pkw	y. C	olumb	ia. M	ld.	2104	4	
	31. DATE FILED (Month, Day,	Year) 7705	C 32: REGISTR								, ,				
	JUN 1 4 1	194	grow the	Aure Ma	Make	5									
		and the second second second second	AND ADDRESS OF THE PARTY OF THE	200	Towns Common Com				_						

BALTIMORE, MARYLAND 21215-0020	ritificate be executed within ours after death. Page 6 may be retained by the hospital or attending physicial	a chaminian and normalistic filled in the discount discount and a chamilal has decembed the same as a state to
E, MAR	ay be retained	blunda & about
LIMOF	Page 6 m	of disamen
BAL	after death	or the disease
	ours	of filled in he
). BOX 68760,	be executed within	viso and completely
). B(rtificate	o openio

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

led for use as the burial-transit permit. Pages 1, 2, 3 should r attending physician. DIVISION OF VITAL RECORDS, P.O. BOX 68/60,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with cours after death. Page 6 may be retained by the hosp TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND N	MENTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	1 - FOR STATE REGISTRAR	E OF MARYLAND	/ DEPAR	TMENT O	F HEALTH A	ND MEI	NTAL HYGIENE REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)					2.	DATE OF DEATH		3. TIME OF DEATH		
	BLANCHE M	EAST	_			_ '	06 10	94	2:55 P. M		
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs.	. last birthday)	IF UNDER 1 YE		HRS. 7. I	DATE OF BIRTH (Month, Day, Year)	8. BIRT	HPLACE (State or Foreign		
	216–12–2560 1 D M :		YRS.	months be	HOURS	mirt.	01-08-11		MARYLAND		
ne l	90. FACILITY NAME (If not institution, give street end nu				VN OR LOCATION			9c. COUNTY OF	500		
DIRECTOR	NORTHWEST HOSPITAL CENTER RANDALLSTOWN BALTIMO										
띭	10e, STATE 10b, COUNTY		10c. CITY	, TOWH OR L	CATION				10d. INSIDE CITY LIMITS?		
. 1		IMORE		C	ATONSVI	LLE			1 YES 2 X NO		
FUNERAL	10e. STREET AND NUMBER				101. ZIP CODE	1220		10g. CITIZEN OF	WHAT COUNTRY?		
	418 STRATFORD ROAD 11. MARITAL STATUS 12. WAS 1	DECEDENT EVER IN U.S.	ADMEO	40. 400		1228			S.A.		
	1 Never Married 2 Merried FORC		NO	If yes	, specify Cuben,	Mexican, Pu	ORIGIN? (Specify Yes ouerto Ricen, etc.)	Bla	CE — Americen Indien, ck, White, etc.		
8	3 Widowed 4 Divorced	S, GIVE WAR ON DATES		''	YES 2 🔀 NO	ъреспу:		Spe	omy: WHITE		
	15. OECEDENT'S EDUCATION (Specify only highest grade completed)	16e.	DECEDENT'S	vork done durin	ATION most of working		16b. KIND OF BUSI	NESS/INDUSTRY			
۳.	Elementary/Secondary (0-12) College	(1-4 or 5+)	life. Do NOT us								
COMPLET	17. FATHER'S NAME (First, Middle, Last)] F	OOD SE	RVICE	SUPERVI				HOSPITAL		
ŭ	HARRY F. HOOK						First, Middle, Meiden St REYNOLDS	umeme)			
0	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Str			Number, City or Town,	State, Zip Code)			
임	MARY ZEPP (FRIEND))					ONSVILLE N)		
	20e. METHOD OF DISPOSITION 1 [VBuriel 2] Cremetion 3] Removal from:		CEAND DATE O		(Name of		DATE 20c. LOCA	ATION — City or 1	Town, State		
	4 Donation 5 Other (Specify)	out notory,		CEMETE	RY 06-1			LAWN, M	ARYLAND		
	21. SIGNATURE OF FUMERIAL PERVICE LIBERISEE	<1°			Y M & R		L C WITZI	KE FUNE	RAL HOMES		
4	Kuselman	ree		1630	EDMOND	SON A	AVENUE CAT	TONSVIL	LE MARYLAND		
RTIFICATION	23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrast, ahock, or heert fellure. List only one ceuse on each line. IMMEDIATE CAUSE (Finel disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that Initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
S	d										
SAL	PART II. Other significent conditione contribu	uting to death but no	ot reculting I	n the under	ying cause giv	en in Part	t i. 24a. WAS AN A		b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE		
MEDIC							1 🗆 YES 2/8	NO	OF DEATH?		
									1 TES 2 NO		
HYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				B. PLACE OF DEA	TH (Check o	only one)				
Y S	1 YES 2 NO 1 Input	tient 2 ER/Outpetient	3 🗆 DOA	OTHER: 4 Nursing	Home 5 - Resid	dence 6 🗆	Other (Specify)				
ВУ РН		DATE OF INJURY (Month, Day, Year)	28b. TIMI INJ	URY	INJURY AT WORK?		d. DESCRIBE HOW IN.	JURY OCCURED			
		PLACE OF INJURY — At building, etc. (Specify)	t home, ferm, s	treel, factory,	office	281	City or Town, State)	d Number or Rural	Route Number,		
COMPLETED	29e. CERTIFIER (Check only	e best of my knowledge	, death occurre	d at the time,	date and place, e	nd due lo Il	he cause(e) end menn	er as stated.			
Ŏ.	one) 2 MEDICAL EXAMINER: On the b								(s) and manner ea stated.		
IO BE C	296 PRINATURE AND TITLE OF CERTIFIED	frem M	1)		D 2 LICENS	F NUMBER	6	29d. DATE SIGNE	(Month, Dey, Year)		
=	30. NAME AND ADDRESS OF PERSON WHO COMPLE	TED CAUSE OF DEATH	TEM 27) (Type,	Print)	811	MI	2120	8			
	31. DATE FILED, (Month, Day, Near) 32. JUN 1 4 1994 4	EGISTRABIS SIGNATUR	Dane M		יטטייונ	1 00	0100				
	7 - 1001	1.4601.4-1	Inter				·		DHMH-16 Rev 1/89		

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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. The hours after death. Page 6 may be retained by the hospital or attending physician.

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1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

CERTIFICATE OF DEATH

	AEGISTRAA				ENIIF	ICAIL	UF	DEA	I FI		REG. NO.				
	1. OECEDENT'S NAME (First, HANNAH	Middle, Last)		D. DORI			F	INE		MONT	OF DEATH DA		YEAR		: 13P M
	4. SOCIAL SECURITY NUMB		5. SEX 8. AGE (In yrs. last birthday)			IF UNDER I		IF UNDER	_	7. DATE OF BIRTH (Month, Day, Year)				IPLACE (State or Foreign
			1 M 2 X F		YRS.	2	17	HOURS	MIN.	03	/20/19		MAI	RYLA	ND
E I	98. FACILITY NAME (II not in CARROLL CO			L				r locati INST	ON OF DEA	ATH			ROL		
5	RESIDENCE OF DEC								LIK			-			
DIRECTOR	MD	106. COUNTY	ROLL			WESTN								LI	SIDE CITY MITS?
¥	10e, STREET AND NUMBER						101	ZIP COD	E		10g. CITIZEN OF WHA				
띮	2965 SUMME		21	157			US	SA							
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEOENT EVER IN U.S. A FORCES? 1 YES 2 TIF YES, GIVE WAR OR DATES?					Il yes, specify Cuban, Maxican, Puarto Rican, atc.)					Blac	E — Ama k, White, "/y: WH			
요	15. DEC	EDENT'S EDUC	ATION (completed)	18a. [DECEDENT'S	USUAL OC	CUPATIO	ON .		161	. KIND OF BUS	INESS/INC	DUSTRY		
COMPLET	Elementary/Secondary (0-12) College (1-4 or 5 +) NONE				(Give kind of ife. Do NOT u	se retired.)	unng mo	ST OF WORKI	ng			NONE			
ŏ.	17. FATHER'S NAME (First, M.	iddle, Last)			18. MOTHER'S NA				HER'S NAM	E (First.					
BE C	ALLEN FIN	Ε							DON		CARDIN				
TO B	19a. INFORMANT'S NAME (7) ALLEN FINE	ype/Print)		1							NSTER,		211	57	
	20g. METHOD OF DISPOSITI	ION		205 21 401					E / WE						
	1 XBurlet 2 Cremetto 4 Donetton 5 Other	n 3 🗆 Remov (Specify)		cemetery, c	remetory or o	ther plece)			PK 6	6/10		CATION —			
	21. SIGNATURE OF FUNERA	ERVICE LICE	NGEE	0		22. N	AME AN	D ADDRE	SS OF FAC	ILITY					
	56	V	7	Servi	10						OS, IN		ODE	MD	21215
	23. PART I. Enter the diseases, or complications the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or haert feilure. List only one cause on each line. Approximate Interval Retween														
	Interval Between Onset and Death Interval Between Onset and Death Due to (or as a consequence of):														
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):														
ERTI	resulting in death) LAS	T d.													
	PART II. Other eignifica	nt conditions	contributing to	death but not	resulting	in the unc	ierlying	ceuse (given in P	Part i.	24a. WAS AN PERFOR		24b		UTOPSY FINDINGS ILE PRIOR TO
EDICAL										_	1 YES 2				ETION OF CAUSE
Σ	DID 0001000									_				1 🗌 YI	ES 2 NO
PHYSICIAN:	DID TOBACCO		ONTRIBUTE	TO CAU	SE OF	DEATH			NO						
SCI	EXAMINER?		HOSPITAL:	Xen (Output) et	a 🗆 nos	OTHER	:		EATH (Chec		-,				
H	27. MANNER OF DEATH		28a. DATE OF	INJURY	28b, TIM	E OF	ng Home 28c. INJI		aldence 8		SCRIBE HOW IF	JURY OC	CURED		
ВУ Р		Pending Investigation	(Month, D	lay, Year)	IN.	JURY M	1 🔲 Y	RK? 'ES 2	-		5538 i				
8	3 Suicida 8	Could not be	28a. PLACE O building,	OF INJURY — AI I	nome, term,	atreet, Jacto	ry, office	•		281. LOC City	CATION (Street a or Town, State)	nd Number	or Rural F	Poute Nur	mber,
COMPLET	29a. CERTIFIER (Check only	IFYING PHYSIC	IAN: To the best of	my knowledge, o	death occurr	ed at the lin	ne, date	and place	, and due to	o the ce	use(a) and man	ner an atat	ed.		
OM			: On the beals of a) end mi	inner sa stated.
BEO	196 SIGNATURE AND TITLE	OF CERTIFIER	11					29c. LICE	ENSE NUME	BER		29d. DAT	E SIGNED	(Month,	Day, Year)
10 B	Moder	M	lux	vis,	/			0.	C.M.	Ε.		▶JU	NE	09	1994
	30. NAME AND ADDRESS OF	EM.K					et.	Ba	1+in	nor	e, Mai	rvla	ha	212	0.1
	31. DATE FILED (Month, Day,		3. REGISTRA	R'S SIGNATURE		Dere		Ба		IIOT (c, Hai	ута	II.CI	414	01.
	JUN 1 4	1994	Julia	widow	Indate						_				
			-												DHMH-16 Rev 1/89



destricts

ding physician. the burial-transit permit. Pages 1, 2, 3 should BALTIMORE, MARYLAND 21215-0020

DIVISION OF UTAL RECORDS, P.O. BOX 68760

]	Item # 29d Film # G 712	06-20-94 N	I.A. Pe	er Fun	eral	Home					9	4	1/36	6
	1 - FOR STATE REGISTRAR	STATE OF MA					IEALTH DEAT		MENTA	L HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Lest)								2. DATE	OF DEATH			3. TIME OF DEA	TN
	Joseph W. GODDAR	D Jr.							MONT		1	994	6:00	Ам
			. AGE (In yrs. les	t birthday)	IF UNDE	R 1 YEAR	IF UNDER	24 HBS	_	OF BIRTH	, 1		HPLACE (State or F	
	219-22-5047	T>□ M 2 □ F	65	YRS.	MONTHS	DAYS	HOURS	MIN.	(Monti	h, Day, Year)		Count	lry)	urangri
	9a. FACILITY NAME (If not institution, give stree			111111						7-28			ld.	
œ					96. CIT	Y, TOWN C	OR LOCATIO	ON OF DE	EATH			JNTY OF D		
2	Franklin Square	Hospital						_]	Balt:	imore	e County	
DIRECTOR	10a. STATE 10b. COUNTY			10c CIT	V TOWN	OR LOCAT	ION						Last mans or	,
Ē	Md. Bal	1 duna		100.01	1, 101111	ON EUGA	ion						10d. INSIDE CIT	
	10e. STREET AND NUMBER	timore			_								1 TES 2	NO
FUNERAL						101	. ZIP CODE	E			10g. CI1	TIZEN OF	WHAT COUNTRY?	
9	1509 Rosewick Av		212	37				US	SA					
5		2. WAS DECEDENT I	EVER IN U.S. AR	MED	13.					? (Specify Yes	or No-	14. RAC	E — American Indi k, White, atc.	lan,
ВУ	1 Never Married 2 Married 3 Widowed 4 Olvorced	•0			2 NO			Rican, atc.)		Spec				
	3 Wildowed 4 Olvorced												White	5
COMPLETED	15. OECEDENT'S EOUCAT (Specify only highest grade co		18a, OE	CEDENT'S	USUAL C	CCUPATIO	ON st of working		16b	KIND OF BUS	SINESS/IN	OUSTRY		
E.		College (1-4 or 5+)	life.	Do NOT u	se retired.)	daning mo	St OF WORKE	y						
릴	12		Po1	ice	Offi	cer								
0	17. FATHER'S NAME (First, Middle, Lest)			-			16. MOTH	HER'S NA	ME (First, I	Middle, Maiden	Surname)			
0	Joseph W. Goddar	d Sr.					100		Con		,			
BE	19a. INFORMANT'S NAME (Type/Print)		19	h MAII ING	Annes	Comment a					Charles 7	(= O-d-)		
6	196. INFORMANT'S NAME (Type/Print) 196. Malling address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1509 Rosewick Ave. Baltimore Md. 21237													
	20s. METHOD OF DISPOSITION		1					Ddl	1					
	1X☐ Burial 2 ☐ Cremation 3 ☐ Remove	al from State	20b. PLACE / cemetery, cre	matory or o	ther place	J			DAT		CATION —	City or To	own, State	
	4 Donation 5 Other (Specify)		Garden	s of	Fai	.th M			6-1	4 Ba1	to.	Md.		
- 1	21. SIGNATURE OF FUNERAL SERVICE LICEN		D ADDRES			T3	7 77							
- 8	*Kath(max)	11/11	Alias							Funera				
	23 PART I Enter the diseases or con	mallastions that a	ULUN	ath Day		401	S.	Ches	ter	Street	, Ba	ilto.	Md. 212	
- 1	23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory erreet, shock, or heart feliure. List only one cause on each line. Approximate interval Between													
	IMMEDIATE CAUSE (Finel Onset and Death													
	disease or condition requiting in death)	Gastroin	testina	al B1	eedi.	ing								
	a. Gastrointestinal Bleeding Due to (or as a consequence of):													
z		Peptic U	lcer Di	lseas	e									
2	Sequentially list conditions, if any, leading to immediate	DUE TO (O	R AS A CONSE	DUENCE O	F):									
ERTIFICATION	cause. Enter UNDERLYING													
Ĕ	CAUSE (Disease or Injury that initiated events	DUE TO (O	R AS A CONSE	DUENCE O	F);					_				
E	reaulting in death) LAST												1	
뜅	d													
뒣	PART ii. Other aignificant conditions	contributing to de	eth but not r	eauiting	in the u	nderlyin	g cause g	jivan in	Part i.	24a. WAS AN PERFOR		24b	WERE AUTOPSY F	
<u> </u>										1 TES 2			AVAILABLE PRIOR COMPLETION OF	
									_	120 2		- 1	OF DEATH?	
2													1 YES 2	NO
A	25. WAS CASE REFERRED TO MEDICAL													
PHYSICIAN: MEDICAL	EXAMINER?	IOSPITAL:			OTHE		ACE OF D	EATH (Che	eck only on	10)				
YS		X Inpatient 2 □ E	R/Outpetlant 3	□ DOA			e 5 🗌 Re	aldenca	8 🗌 Othe	r (Specify)				
표	27. MANNER OF DEATH	28s. DATE OF IN (Month, Day,		28b. TIM	IE OF JURY	28c. INJ WO	URY AT		28d. DES	CRIBE NOW II	NJURY OC	CURED		
ВУ	1 Natural 5 Pending 2 Accident Investigation				М	_	rES 2	NO						
	3 Suicide 6 Could not be	28a. PLACE OF I	NJURY - At ho	me, farm,	atreet, for	ctory, offic				ATION (Street a		or or Rural i	Route Number,	
딢	4 Homicide determined	Suitariy, at	or (openity)						City	or Town, State)				
9	29a. CERTIFIER	M. To the heart	the second second	-0.	730.40		437		001200					
₽	(Check only one) CERTIFYING PNYSICIA												certeranne-e	
COMPLET	2 MEDICAL EXAMINER:	On the Dame of exer	mountain and/or	···rv=atigatio	on, in my	opinion, d	eath occur	ed at the	time, deta	and place, an	d due to t	ha Cause(a) and manner as i	stated.
ш	29b. SIGNATURE AND TITLE OF CERTIFIER	1					29c. LICE	NSE NUN	BER				(Month, Day, Year)	
0 8	Caron y. K	ehand	sa 1	nD								une 11 uly	1,1994 11, 1994	F
	OR NAME AND ADDRESS OF DEDOCAL HOLD													

Carol J. Richardson MD 9000 Franklin Square Drive Raltimore Marvland.

31. DATE FILED (Month, Day, Year)

JUN 14 1994

JUN 24 1994

: 17066

BALTIMORE, MARYLAND 21215-0020

Pages 1, 2, 3 should

DIVISION OF WITAL RECORDS, P.O. BOX 68760

ME PROSIGIAN: The Ear requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE PUNETAL DIRECTOR AND INTERMEDIATE AND SECOND TO THE STREAM OF THE PUNETAL DIRECTOR AND SECOND TO THE PUNETAL DIRECTOR. AND SECOND TO THE PUNETAL DIRECTOR AND SECOND TO THE PUNETAL DIRECTOR.	be fleed within 72 hours after death with the Starr Dept of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANE If Item 28 is marked, or liam 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
ATTENDING F	SCHOR: A	s after d	28 is
AL OR)	AL DIRE	2 hours	If Item
THE HOSPIT	THE FUNER	e filed within ?	MPORTANT
F	F	ă	=

PHYSICIAN: MEDICAL

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COMPLETED

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30. P

25. WAS CASE REFERRED TO MEDICAL

5 Pending

8 Could not be determined

Investigation

EXAMINER?

27. MANNER OF DEATH

2 Accident

3 Sulcide

4 Homicide

17367 94 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH 1bert Galas Ki Albert Galaski 100 P M 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) 8/19/25 IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 214-24-1961 DAYS M 2 □ F HOURS MIN. 68 Maryland 9e. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR University Hospital Baltimore | N/A 10c. CITY, TOWN OR LOCATION 10e. STATE 10b COUNTY 10d. INSIDE CITY LIMITS? Maryland N/A Baltimore 1X YES 2 □ NO FUNERAL 10a. STREET AND NUMBER 101, ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 416 S. Ann St. 21231 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—If yes, specify Cuben, Mexicen, Puerto Rican, etc.)

1 YES 2 NO Specify: RACE — American Indian, Black, White, etc. 1 Never Merried 2 Married BY Specify: White 3 Widowed 4 Divorced ED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Spe COMPLETI Elementary/Secondary (0-12) College (1-4 or 5+) 7th. Never Worked 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Melden Surname) Adam Galaski BE Wanda Verna Ladanski 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Dennis Galaski 6709 Duluth Ave. Baltimore, Md. 21222 20a, METHOD OF DISPOSITION
1 \(\hat{\Delta}\) Burlet 2 \(\subseteq\) Cremation 3 \(\subseteq\) Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City of Town, State DATE Holy Rosary Cemetery 4 Donation 5 Other (Specify) 6/15 Baltimore, Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
David J. Weber Funeral Homes Nava 401 S. Chester St. Baltimore, Md. 21231 23. PART I. Enter the diseases, of complications that caused the death. Do not enter the mode of dying, auch as cardiac or reapiratory arrest, Approximata ahock, or heart fallure. List only one cause on each line. Interval Retween IMMEDIATE CAUSE (Final Onset and Death disease or condition Bladder Cancer. Metastatic 1/2413 resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Fibrillation

24a. WAS AN AUTOPSY PERFORMED? 1 TYES 2 NO

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 NO

28. PLACE OF DEATH (Check only one) HOSPITAL:
162 Vinpetient 2 - ER/Outpetient 3 - DOA OTHER:

4 Nursing Home 5 Residence 8 Other (Specify) 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED 1 YES 2 NO

28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify)

281. LOCATION (Street end Number or Bural Route Number, City or Town State)

29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner ee stated.

2 MEDICAL EXAMINER: On the besie of examination end/or investigation, in my opinion, death occured at the firms, date end place, end due to the ceuse(a) and menner se stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER

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ARE AND AD	ZANGARA	MD CAUSE OF	225	

22 So. Green St

29d. DATE SIGNED (Month, Day, Year)

31. DATE FILED (Month, Day, Your) JUN 1 4 1994 32. REGISTRAR'S SIGNATURE which Devident

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	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.
	1. DECEDENT'S NAME (First, Middle, Lest) V C V Y N 4. SOCIAL SECURITY NUMBER 5. SEX 6. ACIE (in yrs. lest birthdey) 73 YRS. FUNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month Day, Year) 8. BIRTHPLACE (State or Foreign Country) Outline Outline NONTHS DAYS HOURS MIN.
DIRECTOR	90. EACILITY NAME (If not institution, give street and number) 90. CITY, TOWN OR OCCATION OF GEATH 90. COUNTY OF DEATH PRESIDENCE OF DECEDENT 100. STATE 100. COUNTY 100. STATE
	106. STATE 106. CITY, TOWN OR LOCATION 106. STREET AND NUMBER 107. ZIP CODE 108. CITIZEN OF WHAT COUNTRY?
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 1 Never Merried 2 Merried 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No- If yes, specify Suban, Mexican, Puerto Rican, etc.) 1 YES 2 NO Specify: 12. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No- Black, White, etc.) 14. RACE — American Indian, Black, White, etc. 15. Yes 2 No Specify: 16. Specify: 17. Was DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No- If yes, specify Suban, Mexican, Puerto Rican, etc.)
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 18b. KIND OF BUSINESS/INDUSTRY U. S. Coast Gua
BE	17. EATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, MeRies Surneme) At a las
ТО	200, METHOD OF DISPOSITION 100 place AND DATE OF DISPOSITION (Name of land of land) 200, METHOD OF DISPOSITION 100 place AND DATE OF DISPOSITION (Name of land) 200, DATE 200, LOCATION - City or Town, State land) 201 place AND DATE of DISPOSITION (Name of land) 202 place AND DATE of DISPOSITION (Name of land) 203 place AND DATE of DISPOSITION (Name of land) 204 place AND DATE of DISPOSITION (Name of land) 205 place AND DATE of DISPOSITION (Name of land) 206 place AND DATE of DISPOSITION (Name of land) 207 place AND DATE of DISPOSITION (Name of land) 208 place AND DATE of DISPOSITION (Name of land) 208 place AND DATE of DISPOSITION (Name of land) 208 place AND DATE of DISPOSITION (Name of land) 208 place AND DATE of DISPOSITION (Name of land) 208 place AND DATE of DISPOSITION (Name of land) 208 place AND DATE of DISPOSITION (Name of land) 208 place AND DATE of DISPOSITION (Name of land) 208 place AND DATE of DISPOSITION (Name of land) 208 place AND DATE of DISPOSITION (Name of land) 208 place AND DATE of DISPOSITION (Name of land) 208 place AND DATE of DISPOSITION (Name of land) 208 place AND DATE of DISPOSITION (Name of land) 208 place AND DATE of
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY MARCH 4300 WE back AVE
	23. PART I. Enter the decises, or complications that caused the death. Do not anter the mode of dying, such as cerdiac or reapiratory arrest, interval Betwee Onset and Deat disease or condition resulting in desth) DUE TO (OR AS A CONSEQUENCE OF): Approximata interval Betwee Onset and Deat of the Consequence of the
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. OUE TO (OR AS A CONSEQUENCE OF): d.
MEDICAL	PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 OF DEATH? 1 YES 2 YEO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO
ву Рну	27. MANNER OF DEATH 1 Netural 5 Pending Investigation 28a. DATE OF INJURY AT WORK? 1 VES 2 NO 28b. TIME OF INJURY AT WORK? 1 VES 2 NO
	3 Suicide 8 Could not be determined 28a. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 28a. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 28b. LOCATION (Street and Number or Rural Route Number, City or Town, State)
COMPLET	29a. CERTIFEIR (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(e) end manner as stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, dasth occurred at the time, date end place, and due to the cause(e) end manner es stated.
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 407. HAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF OBATH (ITEM 2) (Type, Print)
;	AOK SHANDILLIA, MD. HAR BAR HOTP, CTR; 3001 S, HANOVER ST., BALTIM 31. DATE FILED (MONIN, Day, Your) 32. REGISTRAR'S SIGNATURE M3

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DIVISION OF VITAL RECORDS, F.O. BOA 86760.	HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certifi
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	1. DECEDENT'S NAME (First, Middle, Last) JESSE Grant	TR		ATE OF D		2. DATE OF DE	3. NO. ATH	3. TIME OF DEATH 3,35 A
	4. SOCIAL SECURITY NUMBER 5. SEX 216-30-7460 1X M				F UNDER 24 HRS. DURS MIN.	7. DATE OF BIR (Month Day, 1/19/1	TH 8	BIRTHPLACE (State or Foreign Country) ALTIMORE, MD.
~	9e. FACILITY NAME (If not institution, give street and no			CITY, TOWN OR L	OCATION OF DE	<u> </u>		Y OF DEATH
ЕСТОВ	LIBERTY MEDICIAL CEN	TER	В	ALTIMOR	E			
DIRE	MARYLAND			WN OR LOCATION	ı			10d. INSIDE CITY LIMITS? 1 YES 2 NO
RAL	10e. STREET AND NUMBER		- I		215		10g. CITIZE	N OF WHAT COUNTRY?
FUNERAL	3614 PARK HEIGHT AVE	DECEDENT EVER IN CES? 1 XYES	U.S. ARMEO	13. WAS DECEN	DENT OF HISPAN	IIC ORIGIN? (Spei	offy Yes or No 14	4. RACE American Indian, Black, White, etc.
B	IF YE	es, give war or da 6 - 1962	TES	t TYES 2			ic.)	Specify: AMERICAN
PLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondery (0-12) College) (1-4 or 5+)	16a. DECEDENT'S USU: (Give kind of work i life. Do NOT use reti	done during most o	f working	16b. KIND	OF BUSINESS/INDUS	STRY
COMPL	17. FATHER'S NAME (First, Middle, Last)			16		ME (First, Middle, I	Maiden Surname)	
TO BE	JESSE GRANT SR. 19e. INFORMANT'S NAME (Type/Print)				Number or Rural i	Route Number, City	or Town, State, Zip Co	
-	SINNIA BROWN 200. METHOD OF DISPOSITION	20b.	4404 HA				MARYLAND	
	1 Buriel 2 Cremetion 3 Removal from 4 Donetion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE	State ceme	etery, crematory or other of	REST CE	METERY	/16/94		ILL, MARYLAND
	Alirad M.	Oslo	2	1300 E	BROTHER UTAW PI	RS FUNER	RA1 HOME,	MD. 21217
	23. PART I. Enter the diseases, or complice shock, or heart fellure. List only IMMEDIATE CAUSE (Final	one cause on par	th line.			h aa cardlec or	reepiratory arres	Approximate interval Between
- 1			Myoca					Onset and Dead
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AN: MEDICAL CERTIFI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other eignificant conditions contributed and stage Results.	DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A	CONSEQUENCE OF): CONSEQUENCE OF): A Thy CONSEQUENCE OF): A thy CONSEQUENCE OF):	e underlying co	a S C U I d	Part I. 24a, y	AS AN AUTOPSY ERFORMED YES 2 M NO	24b. WERE AUTOPSY FINDING: AMAILABLE PRIOR TO COMPLETION OF CAMSE OF DEATH?
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BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reculting in death) LAST PART II. Other eignificant conditions contribe the conditions contriberated by the conditions conditions contriberated by the cond	DUE TO (OR AS A PERSON OF TO SECTION OF TO	CONSEQUENCE OF): CONSEQUENCE OF): A Hy CONSEQUENCE OF): At not resulting in the consequence of the conse	28. PLACI HER: Nursing Home: 28c. INJURY WORK' 1 YES t, factory, office the time, date and my opinion, death	auae given in E OF OEATH (Ch S Residence AT 2 NO	Part I. 24a, y P 1 1 28t. LOCATION City or Town to the cause(s) e time, deta and pi	AS AN AUTOPSY ERFORMED YES 2 NO Street and Number or Stete) Street and due to the or 29d. DATE S J U	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO REO
COMPLETED BY PHYSICIAN: MEDICAL CERTIFI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events recuiting in death) LAST PART II. Other eignificant conditions contribe the conditions cond	DUE TO (OR AS A PERSON OF TO SECTION OF TO	CONSEQUENCE OF): CONSEQUENCE OF): A Thy CONSEQUENCE OF): At not resulting in the CASE Stient 3 DOA 4 The CASE Stient 4 DOA 4 The CASE Stien	28. PLACI HER: Nursing Home: 28c. INJURY WORK' 1 YES t, factory, office the time, date and my opinion, death	auae given in E OF OEATH (Ch S Residence AT 2 NO	Part I. 24a, y P 1 1 28t. LOCATION City or Town to the cause(s) e time, deta and pi	AS AN AUTOPSY ERFORMED YES 2 NO Street and Number or Stete) Street and due to the or 29d. DATE S J U	24b. WERE AUTOPSY FINDING: AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO REO Rural Route Number, cause(s) end manner ea stated.

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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS. P.O. BOX 68760

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within an hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPARTI CERTIFIC			MENTAL HYGIENI REG. NO.	E	
	1. DECEOENT'S NAME (First, Middle, Last) DEBORAH	GOODN				2. DATE OF DEATH JUNE 7, DA	994 YEA	3. TIME OF DEATH 2:30 PM M
	4. SOCIAL SECURITY NUMBER 220–20–4977	1 - M 2 X F 64		FUNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 6/19/1929	C	IRTHPLACE (State or Foreign pountry) [ARYLAND]
TOR	98. FACILITY NAME (If not institution, give s 1101 ST. PAUL ST RESIDENCE OF DECEMENT			BALTI	MORE	АТН	9c. COUNTY (DF DEATH
DIRECTOR	10a. STATE 10b. COUNTY MARYLAND	Y		OWN OR LOCA	TION			10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	100. STREET AND NUMBER 1101 ST. PAUL ST	F., APT. 150	05	10	21.202		10g. CITIZEN (USA	OF WHAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12, WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 NO	If yes, sp		IC ORIGIN? (Specify Yea n, Puerto Rican, etc.)	- '	RACE — American Indian, Black, White, atc. Specify: WHITE
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	18a. DECEDENT'S US (Give kind of work life. Do NOT use in INTERIOR	k done during me etired.)	ist of working	16b. KIND OF BUS		
BE CON	17. FATHER'S NAME (First, Middle, Last) SAMUEL	WAXMAN			18. MOTHER'S NA JENN	ME (First, Middle, Malden S LE	SUTI	TLEMAN
TO B	194. INFORMANT'S NAME (Type/Print) SOLOMON GOODMAN				ST., AP.	noute Number, City or Town Γ . 1.505 B.F		mE, MD 21202
	90e, METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)		ob. PLACE AND DATE OF I emetery, cremetory or other BAL TIMORE	HEBREW	6/9/199	P4 REI		or Town, State OWN, MD
	21. SIGNATURE OF FUNERAL SERVICE LIG	Leun	<u></u>	6010	REISTERT		ALTO.,	MD 21215
	23. PART I. Enter the diseases, or a shock or heart fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause on	and the death. Do not each line.		da of dying, auch	as cardiac or respir	atory arrest,	Approximate Interval Batwean Onset and Daath
CERTIFICATION	Sequantially list conditiona, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury	b. LUNG OR AS	S A CONSEQUENCE OF:		GRCINOM	A)		SHIMOM 8
CERTI	that initiated eventa reaulting in death) LAST	d	s a conscourage or).					
PHYSICIAN: MEDICAL	PART ii. Other aignificant condition	a contributing to death	but not reaulting in	tha underlyin	g cause given in	Part I. 24s, WAS AN / PERFORI		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH2 1 YES 2 NO
AN: N	DID TOBACCO USE C	CONTRIBUTE TO	CAUSE OF D		ES NO		1	1 123 2 1 10
SICI	EXAMINER?	HOSPITAL:		THER: Nursing Hor	ACE OF DEATH (Che	8 Cher (Specify)		
ВУ РН	27. MANNER OF DEAN Netural 5 Pending Investigation	28a. DATE OF INJUR (Month, Day, Year		Y W	URY AT PRK? YES 2 NO	28d. DESCRIBE HOW IN	JURY OCCURE	D
	3 Suicide 8 Could not be determined	28a. PLACE OF INJU building, atc. (S)	RY — At home, farm, stre	et, factory, offic		28t. LOCATION (Street at City or Town, State)	nd Number or Ru	iral Route Number,
COMPLETED		ICIAN: To the best of my known.						se(a) end menner as stated.
TO BE C	29b. SIGNATURE NO TITLE OF CENTIFIES	4th			D293	73	29d. DATE SI	NED (Month, Pay, Year)
	ERIC J. SE	FRER	oil PARK A	IVE. P	BALTIMOR	REOMO :	21201	
	31. DATE FILEO (Month, Day, Year) JUN 1 4 1994	Julia David	lean-Almohall					

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DIVISION OF VITAL RECORDS, P.O. BOX 68

		FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPAR	TMENT O	F HEALTH AND	MENTAL HYGIEN		
		1. DECEDENT'S NAME (First, Middle, Last) NA'PHAN	GOL	DMAN			2. DATE OF DEATH),1994 *	3. TIME OF DEATH 10:45 A M
		010 00 0066		yrs. lest birthday)	IF UNDER 1 YE	EAR IF UNDER 24 HRS. AYS HOURS MIN.	7. DATE OF BIRTH	12,191	BIRTHPLACE (State or Foreign POLAND
2, 3 should	CTOR	90. FACILITY NAME (If not institution, give stre 6034 GREEN MEADOW				WN OR LOCATION OF DE	EATH	9c. COUNTY	OF OEATH
	SCT	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		40a CIT	Y, TOWN OR L	OO4TION .			
physician. burial-transit permit. Pages 1,	- DIRE	MD			BALTIM	ORE			10d, INSIDE CITY LIMITS? 1 X YES 2 NO
sit per	FUNERAL	100. STREET AND NUMBER	A DEME			101. ZIP CODE 21209		10g. CITIZEN	OF WHAT COUNTRY?
physician. burial-tran	ONE	6034 GREEN MEADON 11. MARITAL STATUS	12. WAS DECEDENT EVER IN		13. WAS	DECENOENT OF HISPAI	NIC ORIGIN? (Specify Ye		RACE — American Indian,
the and	B⊀	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 TYES IF YES, GIVE WAR OR OA		If ye	s, specify Cuben, Maxica YES 2X NO Specif	in, Puarto Rican, etc.)	- 1	Black, White, atc. Specify: WHITE
	E	15. DECEOENT'S EDUCA (Specify only highest grade or	ATION ompleted)	16a. DECEOENT'S (Give kind of	work done durir	PATION og most of working	16b. KINO OF BU	SINESS/INDUST	
spital o	COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	BUYEI	se retired.)		1	.C.ISA	ACS
be del	ш	17. FATHER'S NAME (First, Middle, List) SAMUEL	GOLDM	AN		18. MOTHER'S NA REBE	ME (First, Middle, Maiden CCA	Surname)	
be retained to ge 5 should e notified	TO B	190. INFORMANT'S NAME (Type/Print) MS. ILENE GOLDMA	N			reet and Number or Rural T., ASHLAN			Je)
P 2 4		20s. METHOD OF DISPOSITION 1 M Buriel 2 Cremetion 3 Ramov 4 Donation 5 Other (Specify)	mi from State	PLACE AND DATE of tery, crematory or o	thes pleast	N (Name of 6/12 E. WOODMORE	100	SALTIMO	E - 10 - 10 - 10 - 10 - 10 - 10 - 10 - 1
the death. Page 6 m the funeral director, oval.		21. BIONATURE OR FUNERAL SERVICE LICES	Le	<u> </u>	SO SO	ME AND AODRESS OF FA L LEVINSON	& BROS, I	INC.	ORE, MD 21215
ed in by or rem		23. PART I. Enter the diseases, or co shock or heart failure, Li IMMEDIATE CAUSE (Final	et only one cause on ea	ch lina.	not anter the	mode of dying, suc	h as cardiac or resp	iratory arreat,	Approximata Interval Batween Onsat and Death
rted within completely fille ral, cremation, event, the		disease or condition resulting in death)	OUE TO (OR AS A	- MI	D.				minels
P 2 2 2	z	.	HAS		r):				Versu
e be execut siclan and c nior to buni traumatic	CATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A		F):				
e e b icat	FICA	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A	CONSEQUENCE O	n·				
	ERTIFI	resulting in death) LAST		-	,,				į
2 0 0 =	O	PART II. Other significant conditions	contributing to death but	t not resulting	In the under	dulas cause alven la	Cont. L. our und sa	LAUTODOU	
1 2 8 2 1	CAL	NIDDM	out in a contract of the contr	t not resulting	m the origer	lying cause givan in	PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
w requires that been signed b pr. of Health ar 3 shows any	MEDIC	BPH.					1 YES :	≀ ∐-MO	OF DEATH?
law rec has beer Dept. of	Z	DID TOBACCO USE CO	ONTRIBUTE TO	CAUSE OF	DEATH	YES NO			
E a a E	SICIAN:		HOSPITAL:		OTHER:	8. PLACE OF DEATH (Ch			
SICIAN certific the S	PHYS	27. MANNER OF OEATH	1 Inpatient 2 ER/Outpa 28e. DATE OF INJURY	tlent 3 DOA 28b. TIM		Home 5 Residence	8 Other (Specify) 28d. OESCRIBE HOW	INJURY OCCUR	FD
ATTENDING PHYSICIAN: CTOR: After this certifica s after death with the Sta 1 28 is marked, or it	BY	1 Natural 5 Pending 2 Accident Investigation 3 Suicide	(Month, Day, Year) 28e. PLACE OF INJURY			WORK? YES 2 NO	110000000000000000000000000000000000000		
OR ATTEND DIRECTOR: A hours after d	ETED	4 Hemicide determined	building, atc. (Specif	y)	street, tactory,	onice	28t, LOCATION (Street City or Town, State,	and Number or F	tural Route Number,
를 가는 IA	COMPLET		AN: To the best of my knowle On the basis of examination						ause(s) and manner as atated.
TO THE HOSPI TO THE FUNER be filed within	BE	29b. SIGNATURE AND TITLE OF CERTIFIER	lum			29c. LICENSE NUI			GNEO (Month, Day, Year)
	10	30. NAME AND ADDRESS OF PERSON WHO 3639 OH	COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type	. Print)	Back M	14 7/2	201	
		31. DATE FILEO (Month, Day, Year) JUN 1 4 1994	32 HEGISTRAD'S SIGNA	-Andre					
•		1111 ==							

OF VITAL RECORDS, P.O. BOX 68760,

HCIAN: The law Service Servic

i and completely fi to burial, cremation 0 the attending physician in Mental Hygiene prior to Health a been : has be Dept. certificate I fi w

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR **CERTIFICATE OF DEATH** BEG NO 1. DECEDENT'S NAME (First, Middle, Lest)

NARIE 2. DATE OF OEATH DAY 3. TIME OF DEATH GOLDEN YEAR JUNE 10, 1994 5:00 M A 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH
(Month, Day, Year)
8-21-1939 IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 098-32-7828 54 YRS. 1 🗌 M 2 💢 F DAYS NEW YORK 9s. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 1180 GREAT OAK COURT CROWNSVILLE ANNE ARUNDEL Pages 1, 2, 3 RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION CROWNSVILLE 10d. INSIDE CITY LIMITS? 1 YES 2 NO MARYLAND ANNE ARUNDEL permit. FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? funeral director, page 5 should be detached for use as the burial-transit 1180 GREAT OAK COURT 21032 U.S.A. 12. WAS DECEDENT EVER IN U.S., ARMED FORCES? 1 YES 24 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yes, specify Cuban, Maxican, Puarto Rican, atc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married BY 3 Widowed 4 Divorced WHITE COMPLETED 15. DECEDENT'S EDUCATION 16a. OFCEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade (Give kind of work done life. Do NOT use retired.) ANNE ARUNDEL COUNTY Elementary/Secondary (0-12) College (1-4 or 5+) ART TEACHER SCHOOL 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) MARCELINO COL ON SOLON HADASSAH SUMERSILLE Ħ BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code 2 ARCHIE S. 1180 GREAT OAK COURT, CROWNSVILLE, MD. 21032 GOLDEN pe 26e, METHOD OF DISPOSITION 1 A Burlai 2 Compation 6/PZE/SZC. LOCATION — City or Town, Stata PIKESVILLE, MD. 20b. PLACE AND OATE OF DISPOSITION (Name of must DRUID RIDGE CEMETERY examiner 22. NAME AND ADDRESS OF FACILITY SINGLETON FUNERAL HOME. SECOND AVENUE, S.W. n by the f GLEN BURNIE, MARYLAND 21061 medical filled in by t he diseases, or complications that caused tha dasth. Do not anter the mode of dying, such as cardisc or respiratory arrest, the failure. List only one cause on each lins. Approximata intarvai Between IMMEDIATE CAUSE Final Onset and Death cremation, the 3 mos Brain metastases disease or candition resulting in deal event, DUE TO (OR AS A CONSEQUENCE OF): lung cancer 5 years traumatic CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediata cause. Enter UNDERLYING other CAUSE (Disesse or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST 6 PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24s. WAS AN AUTOPSY 24b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? PERFORMED any 1 TYES 2 X NO 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL OTHER: 1 TES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Rasidenca 8 Other (Specify) 0 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF INJURY 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED marked, 1 X Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28a. PLACE OF INJURY — At home, farm, streat, factory, offica building, etc. (Specify) 3 Suicide 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 40 COMPLETED 8 Could not be HOSPITAL OR ATTEN FUNERAL DIFFECTOR Ħ 4 Homicide 28 item 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. TO THE FUNERAL ID TO THE FUNERAL ID BE filed within 72 IN IMPORTANT: If it 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and piece, and due to the cause(s) and manner as stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE mo D 25773 ► 6/10/94 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 600 N. WOLFE FORASTIE JUN 14 1994 32. REGISTRAR'S SIGNATURE

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a fours after death. Page 6 may be retained by the hospital or attending physician.	fter death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	oval.
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	al examiner must be notified at once.

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	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPART	MENT OF E	IEALTH AND	MENTAL HYGIEN					
- 0	1. DECEOENT'S NAME (First, Middle, Last)		0=111111	DATE OF	DEATH	2. OATE OF DEATH)	3, 1	IME OF DEATH		
ľ	Jocelyn	Humphries					1994	YEAR	0:50 a m		
	4. SOCIAL SECURITY NUMBER		yrs. lest birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH			DE (State or Foreign		
	2 8 -64-2644	10 M 2 F 4	YAS.	ONTHS DAYS	HOURS MIN.	(Month, Day, Year) 5-2-19	352	DARI	yland		
TOR	Ary And	Gen, Hos	P.	BAI	TIMOYE	V. Cily	9c. COUNT	Y OF DEATH			
DIRECTOR	106. COUNTY		10c. CITY,	DIN OR LOCA	more)	0			. INSIDE CITY LIMIT8?		
	10e. STREET AND NUMBER	111	,	10	I. ZIP CODE		10a CITIZE	N OF WHAT	YES 2 NO		
FUNERAL	2541 m Cu	Iloh St			2121	7	1	1,5	A		
В	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS OECEDENT EVER IN FORCES? 1 Tyes IF YES, GIVE WAR OR OAT	2 NO	If yee, sp	ecity Cubes, Mexico 2 NO Specifi	NIC ORIGIN? (Specify Year, Puerto Ricen, etc.) y:	na or No — 14	Speries	American Indian, lite, etc.		
ED	15. DECEDENT'S EDUC. (Specify only highest grade of		16a. DECEDENT'S US	SUAL OCCUPATION done during mo	ON set of working	16b. KIND OF BU	ISINESS/INOUS	STRY	, 		
COMPLET	Elementery/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use	retired.)	KEN	Ш					
BE COI	17. FATHERY'S NAME (First, Midgle, Last)	mer WAS	hington	U	16. MOTHER'S NA	ME (First, Middle, Maide)	Surname)	150	y.		
TO E	190. INFORMANT'S NAME (Typo/Print)	Humphries	196, MAILING A	DDITESS (Street	Alloh	Aoute Nurgber, City of To	wn, State, Zip C	ode)	20/2/217		
	20e. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Remo 4 Donetion 5 Other (Specify)	val from State	PLACE ANO DATE OF		ame of Cem	(DATE 20c. L	OCATION - CH	y or Town,	o md		
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE		22 NAME AT	ND ADDRESS OF FA	cilril = 5	11160	cal	Home,		
	Joseph J	Kuss		1222	2 WIN	orth Av	e. B	Alto	Indank		
	23. PANY I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, abock, or heart failure. List only one cause on each line. Approximate interval Between										
- 0	IMMEDIATE CAUSE (Final							ļ	Onaet and Daath		
	disease or condition reaulting in death)	Respirator									
I I			CONSEQUENCE OF):								
TION	Sequentially list conditions, fit any, leading to immediate Severe chronic obstructive pulmonary disease DUE TO (OR AS A CONSEQUENCE OF):										
RTIFICATION	THE STREET										
	resulting in death) LAST										
L CE	PART ii. Other significant conditions	contributing to death bu	t not resulting in	tha Underlyin	a cause given in	Part i. 24e. WAS AI	VALITOPSV	24h WES	E AUTOPSY FINDINGS		
CA					3	PERFO	RMEO?	~ AVAI	LABLE PRIOR TO		
0						1 TYES	2 👸 NO	OF	DEATH?		
Σ						-		1 [YES 2 NO		
A	25. WAS CASE REFERRED TO MEDICAL			28, PI	ACE OF OEATH (Ch	eck only one)					
SIC		HOSPITAL: 1 Xinpatient 2 ER/Outpat		OTHER:	e 5 🗆 Residence	6 ☐ Other (Specify)					
/ PHYSICIAN: MEDICAL	27. MANNER OF OEATH 1 Natural 5 Pending (Month, Oey, Year) 28c. INJURY AT WORK? M 1 YES 2 NO 1 Natural 5 Pending (Month, Oey, Year) 1 Natural 5 Pending (Month, Oey, Year)										
COMPLETED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY - building, etc. (Specify	- At home, term, atre			28f. LOCATION (Street and Number or Rural Route Number, City or Yown, State)					
Ē	290. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of my knowled	dos dosth seems 1	at the time of	and story of the	M.A. Server					
M		R: On the besie of examination							menner es eteted		
	29b. SIGNATURE AND TITLE OF CERTIFIER	·									
BE		man M.	^		29c. LICENSE NUI	MDCH	29d. DATE \$	7794	nth, Day, Year)		

296. SIGNATURE AND TITLE OF CERTIFIER

29d. DATE SIGNED (Month, Day, Year)

296. LICENSE NUMBER
296. LICENSE NUMBER
89212
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

I. Gendelsman, M.D. coo Maryland General Hospital

31. DATE FILED (MODIN, 4. 1994

22. REGISTRAR'S SIGNATURE

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The new research man to think are be executed within. Thours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been alone by the funeral physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept of Health Agent Agent Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept of Health Agent Ag

BALTIMORE, MARYLAND 21215-0020

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p. BOX 68760

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO.

	1. OECEOENT'S NAME (First,	Middle, Last)								2. DATE OF D	DEATH			3. TIME OF DEATH
	ANTONIO M.									MONTH DAY YEAR			5:05P M	
	4. SOCIAL SECURITY NUMBE	5. SEX	6. AGE (In yrs. last	t birthday)	IF UNDER		IF UNDER	24 HRS				IPLACE (State or Foreign		
	215-82-36	1 X M 2 🗆 F	29	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day 9 - 28	v. Year)	61	Countr	M D	
	9e. FACILITY NAME (If not ins			23		Oh CITY	TOWN	D LOCATI	ON OF DE)-19			
Œ	4100 BLOC			CV AUD								9c. COU	INTY OF D	EATH
DIRECTOR	RESIDENCE OF DEC		T KEDEK.	LCK AVE	•	Вс	1111	mor	e Ci	Lty.				
E C	10e. STATE	10b. COUNTY	1		10c. CIT	Y, TOWN	OR LOCAT	ION						10d. INSIDE CITY
뚬	MD				BAI	TIM	ORE							X YES 2 NO
	10e. STREET AND NUMBER							ZIP COD	E	-		10a, CIT	IZEN OF V	VHAT COUNTRY?
E.	150 SOUT	H CIII	VER STE	RFFT				21	229				SA	
FUNERAL	11. MARITAL STATUS	11 002		IT EVER IN U.Ş., ARI	MED	13	WAS DEC	ENDENT (OF MEDAN	IC ORIGIN? (Sp	nacify Yes			- American Indian.
	1 Never Merried 2 🔲 I		FORCES? 1	YES 2X N	0		If yee, sp	ecify Cube	n, Mexice	n, Puerto Ricen	, etc.)	01 110—	Black	t, White, etc.
B⊀	3 Widowed 4 Divor	ced	IF 1E3, GIVE V	MAN ON DATES			I _ TES	2 (X NO	Specify	":			Speci	BLACK
COMPLETED	15. DECE	DENT'S EDU	CATION	18e, DE	CEDENT'S	USUAL O	CCUPATIO	ON		16b. KIN	D OF BUS	INESS/IN		
П	(Specify only Elementary/Secondary (0-	highest grade	College (1-4 or 5	Bho.	ve kind of Do NOT u	work done se retired.)	during mo	st of worki	ng					
립	12th	,		"	UN	KNO	NN				ARCO			
S	17. FATHER'S NAME (First, Mic	ddle, Last)					-	16. MOT	HER'S NAI	ME (First, Middle	e, Maiden	Sumame)		
	CLEO HAMI	LTON								RA JO				
BE	19e. INFORMANT'S NAME (15)	pe/Print)		196	. MAILING	ADDRES	S (Street a	nd Numbe	r or Rural F	Route Number, C	ity or Town	. State Zi	p Code)	
임	BARBARA H	AMILT	O N							BALTO			212	26
	20s METHOD OF DISPOSITION ALABURIST 2 Cremetion			20b. PLACE A			-			DATE			_	
	ACABuriel 2 ☐ Cremetion 4 ☐ Donetion 5 ☐ Other (oval from State	ce M tTy, crei	nato 7,0 To	Mace)	CEN	ETE	RY	6159	4 L	ANS	DOWN	NE, MD
	21. SIGNATURE OF FUNERAL		RNSEE			22.	NAME AN	ID ADDRE	SS OF FAC	CILITY				
	/ X 1	,	m		/	M	IARC	H F	UNER	AL HO	ME	-WE	ST	
	()all	\widehat{a}	7/6	rich						AVE.				21215
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, ehock, or heert failure. List only one ceuse on each line.													
	Interval Between IMMEDIATE CAUSE (Final Onset and Death													
	disease or condition													
	DUE TO (OR AS A CONSEQUENCE OF):													
z	Construction (Leaves and Leaves Construction													
윤	Sequentially list conditions, if eny, leeding to immediate DUE TO (OR AS A CONSEQUENCE OF):													
CERTIFICATION	cause. Enter UNDERLYIN		G											
E	thet initieted events		DUE TO	(OR AS A CONSEC	UENCE O	F):								
ER	reaulting in deeth) LAST		d											
	PART II. Other significer	at condition	a contribution to	death but not a		la Aba	and a minute of the	No.			60			
EDICAL	TAIT II. Other alginices	CONSILION	a contributing to	deeth but not h	wautting	in the ur	ideriying	ceuse	given in	Pert I. 24a	PERFOR		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
ă	COMPLE										OF DEATN?			
M	1 YES 2 □ NO											1 YES 2 NO		
ä	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO													
DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 [XYES 2 NO 1 Inpettent 2 ER/Outpettent 3 DOA 4 Nursing Home 5 Residence 6 Xothe (Month, Day, Year) 10 NURY WORK? 28. DATE OF INJURY WORK?								ock only one)						
Š	1 XYES 2 NO			ER/Outpatient 3	□ DOA	4 Nur		e 5 🗆 Re	sidence	6 Cother (Spe	ecity)	ALLI	ΞY	
동	27. MANNER OF DEATH		28e. DATE OF (Month, D		28b. TIM	E OF	28c. INJ	URY AT RK?		28d. DESCRIE	E NOW IN	JURY OC	CURED	
ВУ		Pending nveatigation		-,,,		М		ES 2	□ NO					
	3 Suicide 8 C	Could not be	28e. PLACE C	F INJURY — At horate, (Specify)	ne, term,	street, fect	ory, office					et and Number or Rural Route Number,		
P		letermined	sanding,	ata (opecny)						City or Tox	wn, Stare)			
COMPLETED	29e. CERTIFIER 1 CERTI	FYING PNYSI	CIAN: To the best of	my knowledge de	th occurr	ad at the t	ime dete	and place	and due	to the source(s)			4-4	
Σ) end menner se stated.
8	/		/		1						place, em			
BE	296. SIGNATURE AND THE	RTIFIE	ON LIN	. 1					ENSE NUM					(Month, Day, Year)
2	1000	1	Dec.	7/0	1					М.Е.			ONE	10 1994
	30. NAME AND ADDRESS OF						001	-	.71.		3.5	~		21201
		COL		MIXI P		Str	eet	, Ba	TTL	more,	Ma	гу Та	and	21201.
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	3014 T ± 130	0		,	- 101									
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DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within - hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HEGISTHAN				SENIIL	ICALE	. 01	DEA	I III		REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last) HENRY J.					USKA				2. DATE OF DEATH NONTHULIN 1 BAY 1 994 YEAR 3. TIME OF DEA				3. TIME OF DEATH
4. SOCIAL SECURITY N 219-14-10		5. SEX	6. AGE (In yrs.	last birthday) YRS.	IF UNDER	1 YEAR	YEAR IF UNDER 24 HRS. 7. D.			(Month, Day, Year) Country)			
			74	THS.						1, 19	919	Mary	yland
	9a. FACILITY NAME (If not institution, give street and number) Saint Joseph Hospital						BON,				9c. COU	Baltim	
RESIDENCE OF													
10a. STATE	10b. COUNTY	*		10c. CIT	Y, TOWN O	R LOCAT	ION					1	10d. INSIDE CITY LIMITS?
	BER -			Ва	1tim		ZIP COO	E					YES 2 NO
3214 Mont 11. Marrial Status	ebello T	Cerrace				"		L214				S. A.	
11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S.	ARMED	13. V	MAS DEC	ENDENT C	F HISPAN	IC ORIGIN?	(Specify Yea	or No-	14. RACE	- American Indian, White, atc.
1 Never Married 2 3 Wildowed 4			YES 2 MAR OR OATES	NO			2 X ND		n, Puerto Rk /:	can, atc.)		Specify	
	DECEOENT'S EDU	CATION	16a.	DECEDENT'S	USUAL OC	CUPATIO	N st of workin	na	16b. K	IND OF BUS	INESS/INI	DUSTRY	WILLE
15. (Specification of the control of		College (1-4 or 5	•)	(Give kind of life. Do NOT u				<i>'</i> 9		0.16	Б 1		
E TATUSTION NAME (5)		11/ a		med.	cal	Doct	,			Self-		loyed	
17. FATHER'S NAME (Fir							18. MOTI	HER'S NA	ME (First, Mic	idle, Maiden	Sumame)		
Joseph	Houska	1							nine H				110
198. INFUHMANT'S NAI				19b. MAJLING	AOORESS	(Street e	nd Number	or Rural I	Route Number	City or Town	n, State, Zij	Code)	
LOIS M.		(Wife)						erra					21214
20p. METHOD DE DISPH 17_1 Burlel 2 ACren 4 Donation 5 0	nation 3 🗌 Remo	oval from State	cemetery.	cremetory or o	ther plecel	rem <i>a</i>	me of Lorv		6/14	20c. LO	CATION — L t i m c	City or Tow	n, State Maryland
21. SIGNATURE OF FUN	ERAL SERVICE LIC	CENSEE	1150	1	22. 1	NAME AN	D ADDRE	SS OF FA	CILITY		1111	1 622	-ur y ranu
Schimunek Funeral Home 3331 Brehms Lane, Baltimore, Md. 21213							21213						
23. PART I. Enter th	e diseeses, or c	complications the	t ceused the	teath. Do i	not enter	the mo	de of dy	ing, suc	h aa cardle	c or reaple	ratory ar	reat,	Approximate
ahock, i	ahock, Dr heert failure. Liat only one ceuse on each line.									interval Between			
	IMMEDIATE CAUSE (Finel disease or condition						NA 1						Onset end Death
resulting in death)	resulting in death) a. ACUTE MYOCARDIAL INFARCTION										ZDAYS		
	DUE TO (OR AS A CONSEDUENCE OF):												
Sequentially list conditions,													2 DAYS
if any, leeding to in	If any, leeding to immediate												
CAUSE (Disease or	injury 🐪	С					101	TEINA	LIMIL	Una			2 DAYS
that initiated events	lega a	DUE TO	(OR AS A CONS	SEOUENCE D	F):								
I resulting in death)	-401	d											
	ificent condition	s contributing to	death but no	t reaulting	In the un	deriying	ceuse	given in	Pert I. 2	4a. WAS AN		24b. \	VERE AUTOPSY FINDINGS
₹		L FIBRILLA						00		PERFDA	MED?	1 10	MAILABLE PRIOR TO COMPLETION DF CAUSE
		ULAR DISE		St. Land. Alg.					— I	YES 2	ON D		OF DEATH?
Σ												1	I TES 2 NO
		CONTRIBUTE	TO CAL	USE OF	DEAT			NO					
25. WAS CASE REFERRI	ED TO MEDICAL	HQSPITAL:			07115		ACE OF D	EATH (Ch	eck only one)				
1 TYES 2 DENC		1, Dynpatient 2	ER/Outpatient	3 🗆 DOA	OTHER		• 5 □ Re	esidence	6 Other (Specify)			
27. MANNER OF DEATH		26e. DATE OF (Month, D		28b. TIM	E OF JURY	28c. INJ			28d. DESC	RIBE HOW II	NJURY OC	CURED	
	Pending Investigation	(worth, b	uj, rodij	IN.	M		RK? 'ES 2	ND					
2 Accident 3 Suicide		26e. PLACE O	F INJURY — At	home, ferm.	straat, facto	ory, offic			28f. LOCAT	IDN (Street a	nd Numbe	r or Rural An	ute Number
4 Homicide	Could not be determined	building,	etc. (Specify)	,		-				Town, State)			
29a. CERTIFIER	CERTIFYING PHYSI	CIAN: To the best of	my knowledge	death occurr	nd at the ti	me det-	and place	and du-	to the amore	ofa) and m	Det 22.2	ted	
P													and manner as stated.
296. SIGNATURE AND T	TILE DF CERTIFIEF	9					29c. LICI	ENSE NUM	48ER	1	29d. DAT	E SIGNED (Month, Day, Year)
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				TEM 27\ /Km-	Print)						,	-//	0/7/
PATRICIA	A. SAVA	DEL, MD,	SAINT	OSEP	HO	SPIT	AL, 7	620	YORK	ROAD,	TOW	SON, I	VID 21 204
31. DATE FILEO (Month,		A Judany	RIS-GIGNATURE	_							_		
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DIVISION OF VITAL RECORDS, P.O. BOX 68760	. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with chours after death. Page 6 may be retained by the hospital or attending physicia

TO THE HOSPITAL OR ATENOING PHYSICIAN: The law requires that the death certificate be executed with cours after death. Page 6 may be retained by the bospital or attending physician.

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IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR	STATE OF MARY		MENT OF HEATE OF D		ENTAL HYGIEN REG. NO		
1. DECEDENT'S NAME (First, Middle, Las	"HARN'S				2. DATE OF DEATH	MY YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 217-09-6337		M		OURS NEW	7. DATE OF BIRTH (Month, Day, Year) 7/20/1913	Con	ATHPLACE (State or Foreign Intry) ALTIMORE, MI
99. FACILITY NAME (If not institution, given ST. AGNES HOSE	PITAL	9	BALTIMO	LOCATION OF DEA		9c. COUNTY OF	
MARYLAND			OWN OR LOCATION	ų.			10d. INSIDE CITY LIMITS?
10e. STREET AND NUMBER		BALI		P CODE		10g. CITIZEN O	1 YES 2 NO
145 S. HILTON ST 11. MARITAL STATUS 1 Never Married 2 Married 3 X Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	2 X NO	If yes, specif	DENT OF HISPANIC	C ORIGIN? (Specify Ye Puerto Rican, etc.)	BI	ACE — American Indian, ack, White, etc.
15. DECEDENT'S E (Specify only highest gri Elementary/Secondary (0-12)		16a. DECEDENT'S US (Give kind of won life. Do NOT use of SPECIALT	k done during most o etired.)		16b. KIND OF BU	USINESS/INDUSTRY	
17. FATHER'S NAME (First, Middle, Last) FRANK STEWA	RT		1		E (First, Middle, Maider	JOHNSON	
19a. INFORMANT'S NAME (Type/Print) GARY HARRIS SR.			ODRESS (Street and	Number or Rural Ro	BALTIMO	vn, State, Zip Code)	
20a. METHOD OF DISPOSITION 1 XBurial 2 Cremation 3 Re 4 Donation 5 Other (Specify)	emoval from State	Db. PLACE AND DATE OF ometery, cremetory or other MT. CALVAR	DISPOSITION (Name	of	OATE 20c. LC	CATION - City or	Town State
21. SIGNATURE OF FUNERAL BERVIOLE	M SA	S ONBVIII	ESTEP	ADDRESS OF FACE BROTHERS	FUNERAL ACE, BALT	HOME, P.	Α.
23. PART I. Enter the disease, o shock, ochean failur iMMEDIATE CAUSE (Final disease or condition resulting in death)	 List only one cause ab 	The death. Do not seeh line. Hypotic A consequence of: Civy Lo.	enter the mode	of dying, such	aa cardiac or resp	Piratory erreat,	Approximate interval Betwee Onset and Da
Sequentially flat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	A CONSEQUENCE OF):	cohal.				40 70
PART II. Other significant conditi	iona contributing to death	but not resulting in	the underlying c	ause given in P	art I. 24a. WAS AF PERFO 1 YES	RMED?	Ab. WERE AUTOPSY FINOING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 QUO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 YES	HOSPITAL:		26. PLAC THER:	E OF DEATH (Chec			
27. MANNER OF OEATH 1 Netural 5 Pending 2 Accident Investigatio	28a. OATE OF INJURY (Month, Day, Year)	28b. TIME (Y 28c. INJURY WORK	Y AT	28d. OESCRIBE HOW	INJURY OCCUREO	
3 Suicide 6 Could not to	bullding, atc. (So	RY — At home, farm, streecify)	et, factory, office		261. LOCATION (Street City or Town, State	and Number or Run)	al Route Number,
	YSICIAN: To the best of my kno						e(a) and manner as stated.
296. SIGNATURE AND TITLE OF CERTIF	varzyan Ms	lend	ent. 2	Oc. LICENSE NUME	PER	29d. DATE SIGN	ED (Mogth, Day, Year)
30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF D	EATH (ITEM 27) (Type, Pr	int)				
DK. S ASY DWARAY!	tra , M.D.	900,0	aton Ar	y, Bal	Hurry 1	np 2	1229

BALTIMORE, MARYLAND 21215-0020

Pages 1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 68760.

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FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIFI	TMENT OF	HEALTH AND F DEATH	MENTAL HYGIE REG. N				
1. DECEDENT'S NAME (First, Middle, Last) JOHN SUMMER	HAINES				2. DATE OF DEATH MONTH 6 -5	-1994	3. TIME OF DEATN 6:55 p		
4. SOCIAL SECURITY NUMBER 504-20-0580	1 X M 2 □ F 8	(In yrs. lest birthday)	IF UNDER 1 YEA	HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year) 5 - 24 - 1	911 F	BIRTNPLACE (State or Foreign Country) PENNSYLVANI		
90. FACILITY NAME (If not institution, give at 25 BLYTHWOOD RESIDENCE OF DECEMENT		2 2		LTIMORE	EATH	9c. COUNTY	OF DEATH		
10e. STATE 10b. COUNT MARYLAND ANNE			BSON	CATION ISLAND			10d. INSIDE CITY LIMITS? 1 YES 2 NO		
100. STREET AND NUMBER 1 SKIPPER ROW		i v	57	101. ZIP CODE 21056			OF WHAT COUNTRY?		
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EYER FORCES? 1 X YES IF YES, GIVE WAR OR I	2 NO	If yes,		NIC ORIGIN? (Specify Y an, Puerto Rican, etc.) fy:	es or No— 14.	RACE — American Indian, Black, White, etc. Specify: WHITE		
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		Ille. Do NOT us	vork done during e retired.)		16b, KIND OF B	USINESS/INDUS	TRY		
17. FATNER'S NAME (First, Middle, Last) WILLIAM H. HA	5+	PHYSIC	IAN	. 1.11.11.11.11.11.11.11.11.11.11.11.11.	AME (First, Middle, Malde		CTOR		
WILLIAM H. HA 190. INFORMANT'S NAME (Type/Print) CLARA W. HAIN				et and Number or Rural	EL C. SU Route Number, City or R BALTO.	own, State, Zip Co			
20a. METHOD OF DISPOSITION 1 Burial 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	20	b. PLACE AND DATE OF OF OF OF OF OF OF OF OF OF OF OF OF	F DISPOSITION			OCATION — City			
21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE CONTINUES II				JENKINS RD. BAL				
Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. CANTAN DUE TO (OR AS	A CONSEQUENCE OF	of C	edate			1 year		
PART II. Other significant condition	s contributing to deeth	but not resulting I	n the underly	ing ceuse given in		N AUTOPSY ORMED? 2 NO	24b, WERE AUTOPSY FINDING AWAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	PLACE OF DEATH (C							
27. MANNER OF DEATN 1 ☑ Naturel 5 ☐ Pending	26a. DATE OF INJURY (Month, Day, Year)	28b, TIM	E OF 28c.	INJURY AT WORK? YES 2 NO		6 ☐ Other (Specify) 28d. DESCRIBE HOW INJURY OCCURED			
2 Accident investigation 3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF INJUR building, atc. (Spe	Y — At home, term, a scify)	/ — At home, term, street, factory, office			261. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
one) —	ICIAN: To the best of my know						euse(e) end manner ee stated.		
29b. SIGNATURE AND TITLE OF CERTIFIE	vo, M.D) ,		29c. LICENSE NU	MBER	29d. DATE SI	GNEO (Month, Day, Year)		
JOHN R. DAVIS	M.D. 6629	CHARLE		TOWSON,	MD. 2120	4.			
31. DATE FILED (Month, Day, Year) JUN 14 1994	32. REGISTRAR'S SIG								

BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or attending physician.	ed in by the funeral director, page 5 should be detached for use as the burial-transit permit. P or removal.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 yours after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pay hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remoral.

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FUNERAL DIRECT within 72 hours a

PORTANT:

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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH
MONTH
JUNE 3. TIME OF DEATH **2**,1994 JR. WILLIAM E HARRISON 7:00 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year)
July 29, 1929 8. BIRTHPLACE (State or Foreign DAYS HOURS 1 X M 2 | F 216-24-9418 YRS 64 Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR THE JOHNS HOPKINS HOSPITAL BALTIMORE BALTIMORE CITY RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND Carroll County Woodbine 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 6901 Eden Mill Road 21797 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 X NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuben, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 X Marrie IF YES, GIVE WAR OR DATES BY Specify 3 Widowed 4 Divorced White COMPLETED 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working 15. DECEDENT'S EDUCATION early only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY (Spe (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 12 Agricultural Landscaper 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) William E. Harrison, Sr. BE Josephine Hungerford 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mrs. Rename N. Harrison 6901 Eden Mill Road Woodbine, MD 21797 20e METHOD OF DISPOSITION

1 Burlei 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, State ry, cramatory or other place) ke View Mem. Park 4 Donation 5 Other (Specify) June 13, 1994 Sykesville, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY HAIGHT FUNERAL HOME (P.O. Box 195) Sykesville, MD 21784 (410)-795-1400 23. PART i. Enter tha diseasea, or complications that caused tha death. Do not entar the mode of dying, such as cardiac or respiratory arrest, **Approximate** ahock, or haart failure. List only one cause on each line. interval Between Onset and Daath disease or condition reaulting in death) brain stem infartion 4 hour OUE TO (OR AS A CONSEQUENCE OF): increased intracramal pressure CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): cuelnal edema if any, leading to immediata DUE TO (OR AS A CONSEQUENCE OF): cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events subarachnord hage and anterio reauiting in death) LAST nemors communic PART II. Other significant conditions contributing to death but not resulting in the underlying cause gives in Part I. MEDICAL 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY 1 YES 2 NO OF DEATH? 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF OEATH (Check only one) HOSPITAL:
1 I inpatiant 2 ER/Outpatient 3 DOA OTHER:
4 Nursing Home 5 Residence 8 Other (Specify) 1 YES 2 NO 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF 28c, INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED Month, Day, Year) 1 Natural 5 Pending 1 YES 2 NO В 2 Accident Investigation 28a. PLACE OF INJURY — Al homa, farm, street, lectory, office building, stc. (Specify) 3 Suicide 28I. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be determined COMPLETED 4 Homicide CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the lime, date and place, end due to the cause(a) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, BE a. governo 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) GOUTE MO. JOHNS HOPKINS HOSPITAL, 600 N. NOLFE BALTIMORE, MADOS 31. OATE FILED (Month, Day, Year), JUN 1 4 1994 32 REGISTRAT'S AFGHATURE

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CERTIFICATION

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2 MEDICAL EXAMINER: On

32. REGISTRAR'S 32. REGISTHAR'S SIGNATURE

29b. SIGNATURE AND TITLE OF CERTIFIER

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DIVISION OF VITAL RE DR ATTENDING PHYSICIAN: The law

Pages 1, 2, 3 should permit. the funeral director, page 5 should be detached for use as the burial-transit etained by the hospital or attending physician. filled in by 6 npletely filler cremation, COM ntetrum with this certificate has been signed by the attending physician and come and the state Dept. of Health and Mental Hygiene prior to burial,

94 17379 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 60 Tune 4. SOCIAL SECUR 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. 1 M 2 M F YRS. 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR RESIDENCE DE EDENT 10a. STATE 10h COUNTY 10c. CITY, TOWN OR LOCATIO 10d. INSIDE CITY LIMITS? 9. 1 YES 2 NO FUNERAL 100 STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 10 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-If yee, specify Guban, Mexicen, Puerto Ricen, etc.)

1 YES 2 NO Specify: . WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 Merried 3 Widowed 4 Divorced 16e. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY College (1-4 or 5+) PAR IS. MOTHER'S NAME (First 20b. PLACE AND DATE OF D 20 . implications that caused the death. Do not enter Approximats sheck, o failure. List only one cause on each line. Interval Batwean IMMEDIATE CAUSE (Final Onset and Death disease or condition entricular Lip illation 30 minutes reaulting in death) DUE TO (DR AS A CONSEQUENCE OF) Sequantially list conditiona, if any, leeding to immediate DUE TO (OR AS A CONSEQUENCE OF): cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated avents resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERF ALITOPSY FINDINGS AVAILABLE PRIOR TO CDMPLETION OF CAUSE DF DEATH? PERFORMED? 1 TYES 2 NO congestivi 1 TES NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 YES 2 NO 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: ng Home 5 - Reeldence 8 - Other (Specify) 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 26b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED Netural 2 Accident 5 Pending Investigation 1 YES 2 NO 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be 4 Homicide

wledge, death occurred at the time, date and piece, end due to the cause(e) end menner ee stated,

29c. LICENSE NUMBER

Baltimore

restigation, in my opinion, death occured at the time, date and piece, end due to the ceuse(e) end menner ee stated.

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29d. DATE SIGNED (Month, Day, Year)

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with fours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages be filed within 72 hours after death with the State Dept. of Health and Mental Physiche prior to burial, cremation, or removal.	al examiner must be notified at once. TO BE COMPLETED BY FUNERAL DIRE	IMPURIANE: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the med TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
SSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with fours after death, Page 6 may be retained by the lospital or attending physician. NREAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages thin 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	al examiner must be notifled at once.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hospital or attending physician.	the funeral director, page 5 should be detached for use as the burial-transit permit. Pages oval.	INERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fifled in te thin 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or re-
	tler death. Page 6 may be retained by the hospital or attending physician.	OSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with

FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	CERTIFIC	ATE OF DEATH	REG. NO) .						
ij,	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH	DAY YEAR	3. TIME OF DEATH					
- 8	John Jankalski			06 1	3 94	8:45 M					
ı	0:0:0:0:0		F UNDER 1 YEAR IF UNDER 24 HR DNTHS DAYS HOURS MIN	44 44 50 44 1	_ Cou	THPLACE (State or Foreign intry) aryland					
	9e. FACILITY NAME (If not institution, give street and number)	9c. COUNTY OF									
DIRECTOR	Fallston General Hospital Fallston Harford										
RE	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS?										
	Maryland Harford N/A		-Baltimore-	Aberdeen		1 YES 2 NO					
FUNERAL	100. STREET AND NUMBER 4800 Old Philadelphia Ro	٩.	101. ZIP CODE 21001		10g. CITIZEN OF WHAT COUNTRY?						
5	11. MARITAL STATUS 12. WAS DECEDENT EVER IN	U.S. ARMED	13. WAS DECENDENT OF HIS	PANIC ORIGIN? (Specify Ye	C ORIGIN? (Specify Yea or No.— 14. RACE — A						
ВУ	t Never Merried 2 Merried FORCES? 1 X YES IF YES, GIVE WAR OR DA WWIII		If yea, specify Cuban, Ma 1 TYES 2 NO Sp	xican, Puarto Rican, atc.)	nto Rican, atc.) Black, Whita, atc. Specify: White						
ED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S US	UAL OCCUPATION	16b. KIND OF BU	USINESS/INDUSTRY						
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5 +)		(Give kind of work done during most of working life. Do NOT use retired.) Steelworker								
O	17. FATHER'S NAME (First, Middle, Last)		18. MOTHER'S	NAME (First, Middle, Maidel	n Surname)						
BE C	Ignacy Jankalski			Aniela 01							
10 B	19e. INFORMANT'S NAME (Type/Print)		ODRESS (Street and Number or Ru	ral Route Number, City or To-	wn, State, Zip Code)						
F	Patricia A. Williams	4800 01	d Philadelphi	a Rd. Aberd	leen Md.	21001					
		PLACE AND DATE OF I			OCATION — City or						
	4 Donation 5 Other (Specify)	101y Rosar	y Cemetery	6/15 Ba	ltimore,	Md,					
	21. SIGNATURE ON PUNERAL SERVICE LIBERSHE	0	David J. We 401 S. Ch	ber Funeral ster St. Ba	. Homes	Md 21231					
\neg	23. PART I. Enter the diseases, o complications that caused	the death. Do not				Approximate					
	ahock, or heart failura. List only one cause on as	ach lina.				Interval Between Onset and Death					
	DUE TO (OR AS A CONSEQUENCE OF):										
Z	Sequentially list and distance 6.	nration	meun	m a							
ATIO	if any, leeding to immediate	CONSEQUENCE OF):	V								
CERTIFICATION	CAUSE (Disease or injury	CONSEQUENCE OF):									
Ē	that initiated events resulting in deeth) LAST	CONSEQUENCE OF):									
S	d										
DICAL	PART II. Other algnificent conditions contributing to death be	ut not resulting in	tha underlying cause given	In Part I, 24a. WAS AI	N AUTOPSY 24 DRMEO?	4b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO					
8				1 🗀 YES	2 NO	COMPLETION DF CAUSE OF DEATH?					
ME						1 TYES 2 THE NO					
AN	25. WAS CASE REFERRED TO MEDICAL										
PHYSICIAN:	EXAMINER? HOSPITAL:		28. PLACE OF DEATH								
HYS	27. MANNER OF DEATH 28s. DATE OF INJURY	28b. TIME C	□ Nursing Home 5 □ Rasidan PF 28c. INJURY AT	ca 8 Other (Specify) 28d. DE\$CRIBE HOW	INJURY OCCURED						
	1 Natural 5 Pending (Month, Day, Year)	INJUR		280. DESCRIBE NOW	INJUNT OCCURED						
D BY	2 Accident Investigation 3 Suicide 8 Could not be 28e. PLACE OF INJURY building, stc. (Special Countries)	— At home, farm, stre	et, factory, offica	281. LOCATION (Street		I Route Number,					
TED	4 Homicide determined			City or Town, State	,						
COMPLET	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge)	edga, death occurred a	et the time, data and placa, and	due to the cause(s) and me	anner as stated.						
OM	one) 2 MEGICAL EXAMINER: On the basis of examination					(s) and menner as stated.					
ш	29b. SIGNATURE AND TITLE OF CERTIFIER		29c. LICENSE	NUMBER	29d. OATE SIGNE	O (Month, Day, Year)					
00	Olive Miliel		218	335	16	14/94					
٩	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF OEA	ATH (ITEM 27) (Type, Pri	110-0	1. 0 Po	00						
	31. DATE FILED (Menth, Day Man) A 22. REGISTRAR'S SIGNA	TURE .	week !	wood se	land	1015					
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TO THE FUNERAL DHECTOR After the periodicate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after marked, or leath and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 ON, OF VITAL RECORDS, P.O. BOX 68760

FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	TIEGIOTIATI			-11111	CAIL	OI DL	2111	H	EG. NU.			
	1. DECEDENT'S NAME (First, Middle, Last) Alverta (Bert)	Ruth Dom	inick J	ackso	on			2. DATE OF MONTH June	0.6	DAY 1994 3. TIME OF DEATH 3 A M		
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	t birthday)	IF UNDER 1 Y	EAR IF UN	DER 24 HRS.	7. DATE OF E	BIRTN		8. BIRTH	IPLACE (State or Foreign
	213-12-0338	1 🗆 M 2 💢 F	YRS.	MONTHS D	AYS HOUR	S MIN.	(Month, Da	y. Mar)	920	Counti	(YLAND	
	9e. FACILITY NAME (If not institution, give st	reet and number)	73		9b. CITY, TO	WN OR LOC	ATION OF DE				INTY OF D	
5	13709 Harcum Rd.					oenix					ALTIN	
Ĕ l	RESIDENCE OF DECEDENT				111	OCIIIA					TE LE	IONE
DIRECTOR	10a. STATE 10b. COUNTY	,		10c. CIT	Y, TOWN OR L	OCATION						10d. INSIDE CITY LIMITS?
	MARYLAND BALT	IMORE			PHOEN	IX				1 YES 2 X NO		
AL	10e. STREET AND NUMBER					10f. ZIP C	ODE			10g. CITIZEN OF WHAT COUNTRY?		
E	13709 Harcum R	Rd.		21131				USA				
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AR	ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN?			IIC ORIGIN? (S	pecify Yee	or No-	14. RACI	E — American Indian,	
BY F	1 Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE W		If yes, specify Cuben, Mexican, Puerto Ricen, etc.) 1 YES NO Specify:			ı, etc.)		100.00	k, White, etc.		
	11									WHI	TE	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade		(G	ive kind of v	EDENT'S USUAL OCCUPATION IN 16b. KIND OF BUSINESS/INDUSTRY kind of work done during most of working					DUSTRY		
Ш	Elementery/Secondery (0-12)	College (1-4 or 5	+) life.	Do NOT us								
MP	12			Safe	ty Di	recto:	r			Trucl	king	
8	17. FATNER'S NAME (First, Middle, Last)					18. M	OTNER'S NA	ME (First, Middl	e, Maiden	Sumeme)		
BE		ler Domin	ick			1	Kazimi	ieria 1	Brool	KS.		
0	19e. INFORMANT'S NAME (Type/Print)		191	. MAILING	ADDRESS (St	reet and Num	ber or Rural F	Route Number, (ity or Town	n. State, Zi	p Code)	
- 1	Stephen R. Jac	kson		13	3709 H	arcum	Rd.,	Phoen	ix, l	MD 2:	1131	
	20e. METNOD OF DISPOSITION 1 ↑ Burlel 2 □ Cremation 3 □ Remo	oval from State			OF DISPOSITIO			1ºATE JUNE	20c. LO	CATION -	City or To	wn, State
	4 Donetion 5 Other (Specify)		Most	Holy	Rede	emer		JUNE	Bai	ltimo	ore (City
	21. SIGNATURE OF FUNERAL SERVICE LIC	Mari	000			ME AND ADD	RESS OF FA	cility e11-Wi	odo£.	.1.4	Tno	
	▶ Mart	in D. La	wson	ecrop								21093
	23. PART I. Enter the diseecea, or o	omplications the	t caused the de	ath. Do r								Approximate
	ehock, or heert fellure. List only one ceuee on eech line.											
- 1	IMMEDIATE CAUSE (Final disease or condition resulting in death) a. LUNG CAUCK Due TO (OR AS A CONSEQUENCE OF):											
ł	reaulting in death)	DUE TO	OR AS A CONSE	DUENCE OF	D:	3						C WONNE
-	DOL TO (VI) AS A CONSEQUENCE OF).											
<u> </u>	Sequentielly list conditiona, If any, leeding to immediate DUE TO (OR AS A CONSEQUENCE OF):											
S	cause. Enter UNDERLYING											
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	PART II. Other significant condition	PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS										
EDICAL	TATE III OTHER DIGITION	e contributing to	death out not i	esuiting	in the unger	nying ceus	e given in	PBIT 1. 24s	. WAS AN PERFOR		246	. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
ă	-							1[YES 2	- Jun-		OF DEATN?
Σ							Po	_		•	- [1 - YES 2 - NO
PHYSICIAN:	DID TOBACCO USE	CONTRIBUT	E TO CAU	SE OF	DEATH	I YES_	NC					
ᅙ	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	8. PLACE OF	F DEATH (Che	eck only one)				
YS	1 TYES 2	1 Inpatient 2		□ DOA	4 - Nursing	Nome 5	Residence	8 Other (Sp	ecily)			
품	27. MANNER OF DEATH	28e. DATE OF (Month, D		28b. TIM INJ	E OF 280 URY	WORK?	`	28d. DESCRI	BE NOW II	NJURY OC	CURED	
B	2 Accident Investigation						2 □ NO					
- 1	3 Suicide 8 Could not be 4 Nomicide determined	28e. PLACE O building,	F INJURY — At ho etc. (Specify)	me, term, a	street, fectory,	office		28f. LOCATIO City or To	N (Street e wn, State)	nd Numbe	r or Rural F	loute Number,
E I												
COMPLETED	290. CERTIFIER CERTIFYING PNYSH	CIAN: To the best of	my knowledge, de	ath occurre	ed at the time,	date end ple	ece, end due	to the cause(e) end men	ner ee ata	ited.	
ŏ I	one) 2 MEDICAL EXAMINE	R: On the beele of a	xamination end/or i	nveatigatio	n, in my opini	on, death oc	cured at the	time, date end	place, en	d due to t	he ceuse(e	end menner ee stated.
Ш	296. SIGNATURE AND TITE OF CHATTERER	1				29c. L	JCENSE NUN	IBER	_	29d. DA1	E SIGNED	(Month, Day, Year)
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임	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUS	SE OF DEATH (ITE	M 27) (Type.	Print)			000		_6	413	177
	Samuel ygl	1				ings N	dills.	MD 2	1117			
	31. DATE FILED (Month, Day, Year)		R'S SIGNATURE	v	-, 0,,	65 1		, 2.				
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ITEMS: 23 part I,27,28a,b, ,d,e,f per MEO G-712 6/15/94 reb

DIRECTOR	SHERMAN 4. SOCIAL SECURITY NUMBER 218-74-9816	L.			JOE	INICC	T TAC	D	2. DATE OF MONTH	DA	W	YEAR	TIME OF DE	
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113		W SHEET I'V					IF UNDER	24 HRS.	7. DATE OF	BIRTH			ACE (State or	
113		1 🔀 M 2 🗆 F	35	YRS.	MONTHS	DAYS	HOURS	MIN.	11-2	6-195	8	Country)	N.J.	
113	9e. FACILITY NAME (If not institution, give	street and number)			9b. CITY,	TOWN OF	R LOCATIO	N OF DE				TY OF DEAT		
113	2207 ELSINORE AVE BALTIMORE CITY													
E	10h COUNTY								d. INSIDE CIT	~				
<u> </u>	Md Balto											LIMITS?		
116	10e. STREET AND NUMBER					101.	ZIP CODE	,			10g. CtTtZ		T COUNTRY?	
ER	2207 Elsinore					212	16			U	SA			
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S.	ARMED	13. W	WAS DECE	NDENT O	HISPAN	IC ORIGIN?	Specify Yea	or No-		American Inc	llen,
BY	1 Never Merried 2 Married 3 Widowed 4 Divorced	I IF YES GIVE WAR OR DATES				YES		Specify	, Puerto Ric	an, etc.)			Mite, etc. Black	
	15. DECEDENT'S EDU	ICATION	1460	DECEDENT'S	1101141 00								- Taok	
	(Specify only highest grade	completed)		(Give kind of a	work done di	uring most	n t of working	7	18b. K	IND OF BUS	SINESS/INDU	STRY		
3	12th	College (1-4 or 5 -	''											
COMPL	17. FATHER'S NAME (First, Middle, Last)						18. MOTH	ER'S NAI	AE (First, Mid	die, Maiden	Surname)			
BEC	Sherman Johnson	, Sr					Gr	ace	D. Wi	llian	ns			
2	19e, tNFORMANT'S NAME (Type/Print)			19b. MAILING	AOORESS	(Street an	d Number	or Rural R	loute Number,	City or Town	n, State, Zip (Code)		
-	Sherman Johnson,	Sr						e Ra	lto,	Ma 21	1229			
	20a, METHOD OF DISPOSITION 1 X Burlet 2 □ Cremetion 3 □ Ren	noval from Stata	20b. PLA	CEAND DATE	OF DISPOSIT	TION (Nam	ne of		6139		CATION - CI			
ŀ	4 Donetion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	_ Ga	111501				S OF EAC	-	T OV	villys	PITT	3, Mu	
ı	March F/H West													
_	4300 Wahash Avenue													
	Approximate shock, or heart failure. List only one cause on each line. Approximate intervel Between													
	IMMEDIATE CAUSE (Fine) disease or condition NAPCOTTC TATTOM													
	resulting in death)	e	(OR AS A CON											
7			(, ,.								İ	
2	Sequentially list conditions, if any, leeding to immediate b. DUE TO (OR AS A CONSEQUENCE OF):													
2	CAUSE (Disease or injury													
CERTIFICATION	that initiated evente OUE TO (OR AS A CONSEQUENCE OF): resulting in deeth) LAST													
CE	d													
CAL	PART II. Other significent condition	ns contributing to	death but no	ot resulting	in the unc	deriying	ceuse g	iven in i	Part i. 2	4a. WAS AN			RE AUTOPSY	
									_ 1	YES 2	□ NO		MPLETION OF DEATH?	CAUSE
MED	717 707 400 1107								_			1 [YES 2	NO
AN	DID TOBACCO USE	CONTRIBUTE	TO CA	USE OF	DEATI			NO						
SICI	EXAMINER?	HOSPITAL:	1 6000 1 11		OTHER	:			ck only one)					
H	27. MANNER OF OEATH	1 Inpetient 2 I		28b. TIM	E OF	ing Home 28c, INJU	~~	idence	28d DESCE	_	JURY OCCU	IREO		
0	1 Natural 5 Pending	FOUND: 6		fourth	URY P	WOR		NO	UNKNOW					
) BY	2 Accident investigation 3 Suicide 6XX Could not be	28e. PLACE O	F INJURY — At	t home, term,	treet, tacto	ry, office					nd Number o	r Rural Rout	e Number. RE AVE.	
ETED	4 Homicide determined	FOUND A							City or		10RE, M		CE AVE.	
2	29e. CERTIFIER (Check only t CERTIFYING PHYS	tCIAN: To the best of	my knowledge,	, death occurr	ed at the tin	ne, data e	and place,	end dua	to the cause					
COMPL	one) 2 MEOICAL EXAMIN												d manner ee	atated.
ш	200 SIGNATURE AND TITLE OF CERTIFIE	# D/ AA					29c. LICE	NSE NUM	BER	T	29d. DATE	SIGNEO (M	onth, Day, Year)
	Market me	Yell	/				0.0	.м.	E.		JU	NE 7	,1994	Į
U III	30. NAME AND ADORESS OF PERSON WI	O COMPLETEO CAUS	SE OF OEATH (120
٩	MAINTOIN 17	· IVA VIEW	/~ I /44/1	יידון	Donn	C+-	2004	. T	121+1	more	M-	TOTAL	nd 2	

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	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTA CERTIFIC	NENT OF HE	ALTH AND M	IENTAL HYGIENE REG. NO.					
	DECEDENT'S NAME (First, Middle, Last)	Mary C.	Jones			2. DATE OF DEATH DAY	1994 YEAR	3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER 243~07-9406	1 □ M 2 💢 F	91 YAS. MO	NTHS DAYS I	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 5-4-1903	Coun	N.C.			
TOR	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH PIKES VIIIE N/H RESIDENCE OF DECEMENT										
DIRECTOR	10e. STATE 10b. COUNT	Υ	10c. CITY, T Bal	to	N		10d. INSIDE CITY V LIMITS? 1 YES 2 NO				
FUNERAL	100. STREET AND NUMBER 4403 Kennison	Avenue			21215		US A	WHAT COUNTRY?			
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 YES IF YES, GIVE WAR OR O	2 NO	13. WAS DECEN If yes, speci		E - American Indian, ck, White, etc. city: Black					
COMPLETED	15. DECEOENT'S EDI (Specify only highest grad Elementary/Secondary (0-12) 7 t h	JCATION e completed) College (1-4 or 5 +)	Ille. Do NOT use re	done during most		16b. KIND OF BUSIN	ESS/INDUSTRY				
BE COM	17. FATHER'S NAME (First, Middle, Lest) William McLain			1		Bell Blue	mame)				
TO .	190. INFORMANT'S NAME (Type/Print) Essie M. Hatche	r	196. MAILING AD 4403	Kenniso	Number or Rural Ro n Avenue	e Balto, Md	State, Zip Code) 21215				
	206. METHOD OF DISPOSITION 1 W Burtal 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of come) (v) 1 of project (Name of come) (v) 1 o										
	21. SIONATURE OF FUNERAL SERVICE LICENSEE Warch F/H West 4300 Wabash Avenue Balto, Md 21215										
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly ilst conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR AS A DUE TO (OR AS A d. GAST	A CONSEQUENCE OF): A CONSEQUENCE OF): CONSEQUENCE OF):	ر ار	DS(S -ER		168	Interval Bet Onset and I			
IAN: MEDICAL	PART II. Other algoriticant condition	ROVASCU AL FIR	out not resulting in 1	He underlying of ATIOI	causa given in F	Part I. 24s. WAS AN AU PERFORME 1 YES 2	E07	b. WERE AUTOPSY FIND AVAILABLE PRIOR TO COMPLETION DF CAU OF DEATH? 1 YES 2 NO			
SIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outs	patient 3 DOA 4	THER:	5 Residence						
Y PHY	27. MANNER OF DEATH 1 Natural 5 Pending Investigation	28a. OATE OF INJURY (Month, Day, Year)	28b. TIME	WORK		28d. DESCRIBE HOW INJ	URY OCCURED				
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	26s. PLACE OF INJURY building, stc. (Spec	/ — At home, farm, stre- cify)	et, tactory, office		28t. LOCATION (Street and City or Town, State)	l Number or Rural	Route Number,			
COMPLE		SICIAN: To the best of my know ER: On the basis of examination						(a) and manner as state			
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIE	0 B.	Che	_M.	PC. LICENSE NUM		19d. DATE SIGNE				
	1400	MED B.	(OH8		M	D -					
	31. DATE FILED (Month, Day, Year) JUN 1 4 1994	Fuir Davidson A			1			4.6			

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cartificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be within 72 hours and page 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit.

	1 - STATE OF MARY REGISTRAR		MENT OF HEALTH AND CATE OF DEATH	MENTAL HYGIENE REG. NO.						
	1. DECEDENT'S NAME (FIGH. MOSIN, Last) 4. SOCIAL GEORITY NUMBER (5. SEX) 6. AGE	Sissa E (In yea, last torontay)		2. DATE OF DEATH DAY	94 9150 W					
	217-54-8336 184001	The second control of the second control of the second	FUNDER 1 YEAR IF LINDER 24 HRS. HITHS DAYS HOURS MIN.	7/39/1899	BenthiPLACE (State or Foosign Country)					
DIRECTOR	System of December 18 December 2018 System of December		Sighes ville		CARROLL CO					
	Maryland Carroll County	10c. CITY, 1	Sykesvill I NOT ZUP CODE		10d. SHSIDE CITY LIMITST 10 YES 2 NO CITIZEN OF WHAT COUNTRY?					
EB	7309 Second Avenue		217		U.S.A.					
BY FUNERAL	11. MARITAL STATUS 1	S 2 NO	The state of the s	ANIC ORIGIN? (Specify Yes or No- can, Puerto Rican, etc.)						
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)	life. Do NOT use n	k done during most of working	16b. KIND OF BUSINESS/	INDUSTRY					
OM	17. FATHER'S NAME (First, Middle, Lest)	Never		NAME (First, Middle, Maiden Surnam	e)					
TO BE COM	Michael Jhubis			na Rognican	7					
TO B	19a. INFORMANT'S NAME (Type/Print)	19b. MAJLING AD		al Route Number, City or Town, State,	Zip Code)					
F	Mr. John Greuish	575 1	Broshton Avenu	e Greenburg, E	?A 15601					
	20a_METHOD OF DISPOSITION 1 \[\times \text{Burial} 2 \text{Cremation} 3 \text{Removal from State} \]	Ob. PLACE AND DATE OF I	nlacel	1	— City or Town, State					
	4 □ Donation 5 □ Other (Specify) □ (21. SIGNATURE OF FUNERAL SERVICE LICENSEE /	Calvary Hi	1 Cemetery 6	/13/94 Unity	Township, PA					
	· Brian Atlaight		Haight Fund	eral Home (P.O	0)-705-1400					
N.	23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in desth) a. Due Toyor as a consequence of):									
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
PHYSICIAN: MEDICAL C	Organic Brun Syrl	AND MADE OF THE PARTY OF THE PA	the underlying cause given	Part I. 244. WAS AN AUTOPPERFORMED?	AMILABLE PRIOR TO COMPLETION OF CAUSE					
IAN	25. WAS CASE REFERRED TO MEDICAL	3	26. PLACE OF DEATH (Check only one)						
Sic	EXAMINER? 1 YES 2 NO 1 Inpetient 2 PRIOR	dpetient 3 DOA 4	THER:	contained area or a						
ву РНУ	1 Impetient 2 EN/Outpetient 3 DOA Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 1 Natural 5 Pending Investigation									
ED TE	2 Accident 3 Suitside 6 Could not be determined 28s. PLACE OF INJURY — At home, farm, street, factory, office 28st. LOCATION (Street and Number or Flural Flourity Number, City or Town, Statu)									
BE COMPLETED	20th CERTIFIER 1 DECERTATING PHYSICIAN As the back of my kno (1995) 2 DEDICAL EXAMINED On the floats of examinating			ue to the cause(s) and manner as ne time, date and place, and due to	stated. to the cause(s) and manner as stated.					
TO BE	29b. SIGNATURE AND TITLE OF CEROPHER 36. NAME AND ADDRESS OF SENSON WHO COMPLETED QUIES OF THE	m	D37	949 P	DATE SIGNED (Month, Day, Year)					
	31. GATE FILED/Mortin, Day, Year) 31. DATE FILED/Mortin, Day, Year) 32. REGISTRALIE DIO 33. DATE FILED/MORTIN DIO 34. DATE FILED/MORTIN DIO 34. DATE FILED/MORTIN DIO 35. DATE FILED/MORTIN DIO 36. DATE FILED/MORTIN DIO 37. DATE FILED/MORTIN DIO 38. DATE FILED/MORTIN DIO 38. DATE FILED/MORTIN DIO 39. DATE FILED/MORTIN DIO 31. DATE FILED/MORTIN DIO 31. DATE FILED/MORTIN DIO 31. DATE FILED/MORTIN DIO 31. DATE FILED/MORTIN DIO 32. REGISTRALIE DIO 33. DATE FILED/MORTIN DIO 34. DATE FILED/MORTIN DIO 35. DATE FILED/MORTIN DIO 36. DATE FILED/MORTIN DIO 37. DATE FILED/MORTIN DIO 37. DATE FILED/MORTIN DIO 38. DATE FILED/MORTIN DIO 38. DATE FILED/MORTIN DIO 39. DATE FILED/MORTIN DIO 39. DATE FILED/MORTIN DIO 30. DATE FILED/MO	NATION 14	25 Liberty	Rol, Elden	1, mp, 21782					
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TO THE HOSPITAL OR ATTENDING PHYSIOIAN: The law requires that the death certificate be executed with. To hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STA	TE OF MARYLAND	/ DEPARTMENT	OF HEALTH	AND MENTAL	HYGIENE
1	C	ERTIFICATE	OF DEAT	ГН	REG. NO.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND		ENT OF HEALTH		NTAL HYGIENE REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)			0. 527	2.	DATE OF DEATH		3. TIME OF DEATH		
	WILHELMINA	KUES	SNER			06 10	94	8:30 P. M		
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. I		UNDER 1 YEAR IF UNDER	24 HRS. 7.	DATE OF BIRTH (Month, Day, Year)		IPLACE (State or Foreign		
	132-12-3454 9a. FACILITY NAME (If not institution, give st	1 M 2 XF 85	YRS.	CITY, TOWN OR LOCATIO		10-09-08	9c. COUNTY OF D	GERMANY		
DIRECTOR	BON SECOUR EXTENDE	ED CARE FACILIT	Y	ELLICOTI	CITY		HOWARD			
EC	10a. STATE 10b. COUNTY	1	10c. CITY, TO	WN OR LOCATION				10d. INSIDE CITY		
		OWARD		COLUMBIA			LIMITS? 1 YES 2 NO			
FUNERAL	100. STREET AND NUMBER 5481 TREEFROG PLA	A CTE		10f. ZIP CODE			10g. CITIZEN OF			
N.	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S. A	PMED		21045			S.A.		
F	1 Never Married 2 Married	FORCES? 1 YES 2 I	NO	13. WAS DECENDENT OF	ı, Maxican, Pu	rHiGIN? (Specify Yea or Jarto Rican, etc.)	Blac	E — American Indian, k, White, atc.		
В	3 Wildowed 4 Divorced	W TES, GIVE WAN ON DATES		1 🗆 WES 2 📉 NO	Spec	WHITE				
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	completed)	DECEDENT'S USU	done during most of working		16b. KIND OF BUSIN				
, E	Elementary/Secondary (0-12)	College (1-4 or 5+)	ile. Do NOT use reti			C) D) (T)	TAIDUGG	D		
OME	17. FATHER'S NAME (First, Middle, Last)		SEAMSTI		PRIO MARKE	GARMENT		RY		
	JOHANN WIESENMAII	E R		112 201		First, Middle, Meiden Su		1		
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADD	ORESS (Street and Number						
유	ROBERT KUESSNER	(SON)		REEFROG PLA				21045		
	20a. METHOD OF DISPOSITION 1 □ Surial 25€ Cremation 3 □ Remo	oval from State complexy	EAND DATE OF DI	SPOSITION (Name of			TION — City or To			
- 3	4 Donation 6 Other (Specify)	METRO	O CREMA				NSVILLE	, MARYLAND		
	21. SIGNATURE OF FUNERAL BERVICE LIC	101		22. NAME AND ADDRES LEROY M & F	IS OF FACILIT RUSSEL	L C WITZK	E FUNER	AL HOMES		
	Keigneece	74		1630 EDMONE	SON A	VENUE CAT	ONSVILL			
	IMMEDIATE CAUSE (Finel	List only one ceuse on eech iii	ne.		ng, such es	cerdlec or reepira	tory errest,	Approximete Interval Between Onset end Death		
	disease or condition resulting in death)	e. PARKINSON DUE TO (OR AS A CONS		5ASE						
Z										
CERTIFICATION	Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONS	EOUENCE OF):							
FIC.	CAUSE (Disease or Injury that initiated events	c. DUE TO (OR AS A CONS	EOUENCE OF):							
臣	resulting in death) LAST	4								
	PART II. Other significent condition	e contribution to death but an	annulting to the		to a to the	. I	-1011. I -10			
CAL	CORONARY DISE				iven in Pari	PERFORM	ED?	AWAILABLE PRIOR TO COMPLETION OF CAUSE		
MEDIC	00/-0141114 10/-01	1 /2 (010)	(C 100)			1 TYES 2	No	OF DEATH?		
÷.	DID TORACCO LISE	CONTRIBUTE TO CA	LISE OF I	DEATH YES	7 NO	ra		1 YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PLACE OF DE						
YSIC	1 YES 2 W NO	HOSPITAL: 1 Inpetiant 2 ER/Outpetiant	3 DOA 4	HEA: Nursing Home 5 □ Rad	eldence 6 🗆	Other (Specify)				
	27. MANNER OF DEATH 1 Netural 5 Pending	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK? M 1 YES 2		I. DEŞCRIBE HOW INJ	URY OCCURED			
D BY	2 Accident Investigation 3 Suicide 8 Could not be	28a. PLACE OF INJURY — At building, atc. (Specify)	home, farm, street			LOCATION (Street and City or Town, State)	i Number or Rural	Route Number,		
ETE	4 Homicide determined					City or rown, State)				
COMPLETED		CIAN: To the bast of my knowledge, or the basis of examination and/or						a) and manner as stated.		
	296. SIGNATUME AND TITLE OF CENTIFIED				NSE NUMBER			O (Mopth, Day, Year)		
TO BE	Caller Q. Ku	lan D		D	21331		▶ 6/1	1 94		
	30. NAME AND ADDRESS OF PERSON WHI	II, 716 MAIN	on city	OICE LINE	SVIN	5-205, BA	4, MDZ	4226		
	31. DATE FILED (MONTH, Day, Year) 1994		50							
	3011 1 4 1394	June verideon	Handall.							

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. "In hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.

IMPORTANT: If Hem 28 is marked, or Hem. 23 shows any Injury, or other traumatte event, the medical examiner must be notified at once.

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

_	REGISTRAN			ENTIF	ICALE	UF	DEA	ın		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)		KII	1			MONTH DAY YEAR			3. TIME OF DEATH 4:45 PM			
	4. SOCIAL SECURITY NUMBER	AGE (In yrs. las		IF UNDER		IF UNDER	0 04 MBC	_	OF BIRTH			HPLACE (State or Foreign	
	213-94-4708	1 XM 2 - F	56	YRS.	MONTHS	DAYS	HOURS	MIN.	(Monti	-05-37	,	Country)	
H.	9e. FACILITY NAME (If not institution, give street end number) 3517 RHODE VALLEY TRAIL				9b. CITY,	9b. CITY, TOWN OR LOCATION OF DEATH FILLICOTT CTTY 9c. COUNTY OF DEATH HOWARD				DEATH HOWARD			
K	RESIDENCE OF DECEDENT					1.11.11	11001	.1 (1	-11			1	IOWAICO
DIRECTOR	10e. STATE 10b. COUNTY 10c. MARYLAND 10c.				Y, TOWN OR LOCATION ELLTCOTT CTTY				10d. INSIDE CITY LIMITS? 1 ☐ YES 2 🕅 NO				
	10a. STREET AND NUMBER							40 . 0171					
FUNERAL	3517 RHODE VALLEY TRAIL					100	21042 U.S.A			WHAT COUNTRY?			
	11. MARITAL STATUS 1 Never Married 2 Merried	12. WAS DECEDENT E FORCES? 1 IF YES, GIVE WAR	YES 2 X	NO	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No If yes, specify Cuben, Mexicen, Puerto Rican, etc.)			or No-					
р ву	3 Widowed 4 Divorced							Specify				Spec	KOREAN
COMPLETED	15. OECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		/G	ECEOENT'S live kind of v b. Do NOT us	WOUNT OC work done di se retired.)	CUPATIO uring mo	ON st of worki	ng	16b	KIND OF BUS	INESS/INO	USTRY	
P		4	SEI	T.F. F.M	PLOYE	eD.			OW	NER -	RETA	IL S	STORE
O	17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S NA	ME (First, i	Middle, Meiden	Sumame)		
BE C	JUNG-SHIK KIM								NAME (First, Middle, Meiden Sumerne) DK YU				
5	19e. INFORMANT'S NAME (Type/Print)	200000000000000000000000000000000000000	19	b. MAILING	ADDRESS	(Street e	nd Numbe	r or Rural I	Route Num	oer, City or Town	n, State, Zip	Code)	21042
F	SANG-KYU KIM	(SON)			_			TRA		7.00			IARYLAND
	20e. METHOD OF OISPOSITION 15 Burlel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	noval from State	20b. PLACE cemetery, cre MEADOV	ematory or o	ther plece)			06-1	4-94		EFV	,	DWN, Stata (LAND)
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	P	TITLE						IDOITE	, TTT	MILL	TE II (D
- 1	22. NAME AND ADDRESS OF FACILITY LEROY M & RUSSELL C WITZKE FUNERAL HOMES 5555 TWIN KNOLLS ROAD COLUMBIA MARYLAND												
	23. PART I. Enter the diseeses, or	complications that co	sused the de	eath. Do r	not enter t	the mo	de of dy	ing, auc	h es cerd	llec or respi	ratory err	eat,	Approximate
	ahock, or heert failure.	List only one ceuse	on each line	Ð.						ACC SERVICE			Interval Between
	IMMEDIATE CAUSE (Fine) disease or condition (Enew C												
	reaulting in death)	a			D.								Trong
z	OUE TO (OR AS A CONSEQUENCE OF): The Stap in testing of Bleeder I permitte												
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury CAUSE (Disease or injury) CAUSE (Disease or injury)												
2	CAUSE (Disease or injury												
	that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in deeth) LAST												
CE	d												
EDICAL	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in.Part i. 24a. WAS AN AUTOPSY PREFORMED? AMILIABLE PRIOR TO									. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO			
욹ㅣ						1 YES 2 NO			COMPLETION OF CAUSE OF DEATH?				
													1 TES 2 NO
ż	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO												
ᅙ	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)												
છ	HOSPITAL: 1 VES 2 NO 1 Inpetient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)												
PHYSICIAN: M	27. MANNER OF DEATH 1 Natural 5 Pending	28a. OATE OF INJ (Month, Day,		28b. T/M INJ	E OF JURY M		RK?	□ MO	28d. DES	CRIBE HOW II	NJURY OCC	UREO	
BY	2 Accident Investigation 3 Suicide a Could not be 28e. PLACE OF INJURY — At home, farm, s					M 1 VES 2 NO			Pouts Number				
	3 Suicide a Could not be determined 28. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28. LOCATION (Street end Number or Bural Route Number, City or Yown, State)												
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and placa, and due to the cause(a) and manner ee stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, data and placa, and due to the cause(e) end menner ee stated.												
8	2 MEDICAL EXAMINI	ER: On the basis of exam	ination end/or	investigatio	n, in my op	olnion, d	eath occu	red at the	fime, date	and placa, en	d due to th	e ceuse(e) end menner ee stated.
8	29b. SIGNATURE AND TITLE OF CENTIFIEM						29c. LIC	ENSE NUR	ABER 7	_	29d. DATE	SIGNED	(Month, Day, Year)
۵	30. NAME AND ADDRESS OF PERSON WI	10 COMPLETED CAUSE (OF DEATH (ITE	M 27) (Tona	Print)		1	402	2		- 0,	1	7/1/
	Choon K. Kim	MD 7	10 h	shin	eloni	He.	det	Men	1. C.	R. las	estru	west.	er MOZIS
	JUN 1 4 199	32. RESTRAR'S	SIGNATURE	2.5	1)						
	7 - 100			a miles	-								

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

+OSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. FUNFAL DIRECTOR: After this certificate has been signed by the attending physician and completely filed in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should within 6.7 should have any fillury, or other traumatic event, the medical examiner must be notified at once.
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FUNERAL

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CERTIFICATION

MEDICAL

PHYSICIAN:

BY

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31. DATE FILED (Month, Day, Year) JUN 1 4 1994

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an

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

MD

1645

32. REGISTRAN'S SIGNATURE

TO THE HOSPITA
TO THE FUNERA
De filed within 7.

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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF OEATH MONTH 3. TIME OF DEATH YEAR Katherine Kinsey 6 94 aM 4:40 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year) 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign Country) MONTHS DAYS HOURS 1 M 2 F 215-14-9816 90 May 31, 1904 Pennsylvania 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF GEATH 9c. COUNTY OF DEATH DIRECTOR Fairhaven Life Care Community Sykesville Carroll County RESIDENCE OF DECEDENT 10e STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY Maryland Carroll County 1 YES 2 | NO Sykesville 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 7200 Third Avenue 21784 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 ☐ YES 2 ☒ NO Specify: 1 Never Married 2 Married Specify: 3 Widowed 4 Divorced White 15. OECEDENT'S EDUCATION (Specify only highest grade complete 16a. OECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY entary/Secondary (0-12) College (1-4 or 5+) 12 Clerical Steel Industry 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Sumame) F.H. Holloway, Sr. Hester Bounds 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Fairhaven 7200 Third Avenue Sykesville. MD 21784 20a. METHOD OF DISPOSITION
1 □ Buriel 2 ② Cremation 3 □ Removal from State
4 □ Donation 5 □ Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State cometery, crematory or other place)
Carroll Crema Cremation Serv. 6/14/94 Hampstead, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Brian HAIGHT FUNERAL HOME (P.O. Box 195) Sykesville, MD 21784 (410)-795-1400 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or heart fellure. List only one cause on each line. Approximate Interval Between **IMMEDIATE CAUSE (Final** Onset and Death disease or condition___ Renal Failure 2 months resulting in death) DUE TO (OR AS A CONSEQUENCE OF): 4 months Cancer Uterine Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART II. Other algnificent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? hypertension 1 TYES 2 NO DE DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpetient 2 | ER/Outpetient 3 | DOA 1 YES 2 NO OTHER: Nursing Home 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 261. LOCATION (Street and Number or Flural Floute Number, City or Town, State) 6 Could not be determined 4 Homicide 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occursed at the time, data and place, and due to the cause(s) and menner as stated. 290. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within—nours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.										
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH 3. TIME OF DEATN					
	Rose Verd	onica L	ica Lisiewski						1994	1:14	рм
	4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. last be	irthday) IF (MOER 1 YEAR	IF UNDER 24 HRS.	June 7. DATE OF BIRTH		6. BIRTH	IPLACE (State or For	
	220-14-7853 9a. FACILITY NAME (If not institution, give s	1 M 2 X F	68	YRS. MON		HOURS MIN.		925	Mar	yland	
DIRECTOR	639 S. Decker			96.		timore		9c. CO	UNTY OF D	EATN	
S	10a. STATE 10b. COUNT			IOc. CITY, TO	WN OR LOCAT	ON				10d. INSIDE CITY	
E	Maryland			Ra 1	timor	6				LIMITS?	10
	10e. STREET AND NUMBER 10f. ZIP CODE								TIZEN OF Y	WHAT COUNTRY?	
FUNERAL	639 S. Decker	Avenue				21224 United State					
5	11. MARITAL STATUS	12. WAS DECEDENT E	VER IN U.S. ARME	D	13. WAS DEC	NDENT OF NISPAI	NIC ORIGIN? (Specify	Yaa or No-	14. RACI	- American India:	١,
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR				2 X NO Specif	nn, Puerto Ricen, etc. y:		Spec		
	15. DECEDENT'S EDU	CATION	de Pror	DENTIN HOLL	AL OCCUPATIO					WILLE	
COMPLETED	(Specify only highest grade Elamentary/Secondary (0-12)	completed)	(Give		done during mos		16b, KIND OF	BUSINESS/IN	IDUSTRY		
	8	College (1-4 or 5 +)	- I	lomen	aker						
S S	17. FATHER'S NAME (First, Middle, Last)			10111011		18. MOTHER'S NA	AME (First, Middle, Mai	den Sumeme)			
BE C	Adam_Bogdan	owicz				Vero	nica An	drzej	ewsl	Κi	
일	19a. INFORMANT'S NAME (Type/Print)						Route Number, City or				
	Mr. Edward J. L	isiewski	, Jr 2	2605	arrett	Road	White Hal	1, Md	. 2	21161	
	20a. METNOD OF DISPOSITION 1 X Burial 2 Cremation 3 Ram	oval from Stata	20b. PLACE AND					LOCATION -			
	4 Donation 5 Other (Specify)	orning M a vala	St. Stan			Ÿ		alti	more	, Md.	
	21. SIGNATURE OF FUNERAL SERVICE LIC	- 0 1000000		yna	Leor	and J.	Ruck,	Inc.			
		Laury			5305	Harfo	rd Road	Bal	timor	e, 2121	4
	23. PART I. Enter the diseases, or a shock, or heart failure.	complications that co	aused the deatl	n. Do not e	nter the mo	le of dying, suc	ch es cardiac or re	epiratory e	rreet,	Approxime	
	IMMEDIATE CAUSE (Finel										
	disease or condition resulting in deeth) a										
_	DUE TO/OR AS A CONSEQUENCE OF):										
<u></u>	Sequentially list conditions, if any, leading to immediate										
CAT	cause. Enter UNDERLYING CAUSE (Disease or Injury										
E	that initiated events	DUE TO (OF	R AS A CONSEQUE	ENCE OF):							
CERTIFICATION	reaulting in death) LAST	d									
- 11	PART II. Other eignificant conditions contributing to death but not requiting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY FINDINGS										
2	Hy Sur Fluxa on Performed? AMALABLE PRIOR TO COMMISTION OF CAUSE										
밀								2 NO		OF DEATH?	
PHYSICIAN: MEDICAL	DID TOBACCO USE (CONTRIBUTE 1	TO CAUSE	OF D	EATH Y	S NC					
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					ACE OF DEATH (Ch	neck only one)				
, Si	1 YES 2 NO	HOSPITAL: 1 Inpatient 2 El	R/Outpatient 3 🗆	DOA 4	HER: Nursing Home	51 Residence	a Other (Specify)				
표	27. MANNED OF DEATN 1 Natural 5 Pending	26e. DATE OF IN. (Month, Day,	JURY Year)	ab. TIME OF INJURY	28c. INJU		28d. DESCRIBE HO	W INJURY O	CCURED		
≧	2 Accident Investigation					ES 2 NO					
ETED	3 Suicide 6 Could not be 4 Homicide determined										
<u></u>	29a. CERTIFIER										
COMPL	(Check only										
႘	one) 2 MEDICAL EXAMINE		MILITARY WINDOW INV	nangation, in	my opinion, ge			, and dua to	the cause(s) and manner as sta	ted.
H H	29b. SIGNATURE AND TITLE OF CERTIFIED		1		- 1	29c. LICENSE NUI		29d. DA		(Month, Day, Year)	
၀	32 NAME AND ADDRESS OF PERSON WH	O COMPLETED CALLES	OF DEATH (ITEM ?	7) / None 124-		045	5 0		6/1	3/94	
	Bayani B. Elma, M					o D-	1+;	Md	0400	4	
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		32 REGISTRAR'S	march								
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1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	<u></u>	CERTIFIC	ATE OF DEATH	REG. NO				
		indhonst 1			2. DATE OF DEATH MONTH DI	N, 1994	3. TIME OF DEATH		
		SEX 6. AGE (In	MOI MOI	UNDER 1 YEAR IF UNDER 24 HRS. ITHS DAYS HOURS MIN.		Count	IPLACE (State or Foreign ry)		
3 should	9a. FACILITY NAME (If not institution, give stree	t and number)	9b.	CITY, TOWN OR LOCATION OF		9c. COUNTY OF D			
v 6	3004 Oakcrest	Ave.		Baltimone					
DIRE DIRE	10a. STATE 10b. COUNTY			own or location altimore			10d. INSIDE CITY LIMITS? XXYES 2 NO		
AL Bernin	10. STREET AND NUMBER			10f. ZIP CODE		10g. CITIZEN OF			
FUNERAL	3004 Oakcrest	Ave.		2/234	!	U.S.+	4.		
	11. MARITAL STATUS 1. Weight Married 2 Married 3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN C FORCES? 1 TYPES IF YES, GIVE WAR OR DAT	2/1/60	13. WAS DECENDENT OF HISP If yes, specify Cuben, Maxi- 1 YES 2 X NO Specify	can, Puarto Rican, etc.)	or No— 14. RACI Black Spec	E — American Indian, k, White, etc. ify: White		
	15. DECEDENT'S EDUCAT (Specify only highest grade cor		IGN DECEDENT'S USU	IAL OCCUPATION done during most of working	16b, KIND OF BU	SINESS/INOUSTRY			
at once.	Flementery/Secondary (0-12)	College (1-4 or 5+)	CLerk	dred.)	B.A.R.	<i>C</i> .			
once.	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S N	IAME (First, Middle, Maiden				
	Henry Lindhors	t, gr.		Don	is May Ha	rp			
notified TO BE	190. INFORMANT'S NAME (Type/Print) Nr. Henry Lindh	onst, gr.	3004	DRESS (Street and Number or Aura Oakcrest Av	e. Balto.	n. State, Zip Code), Md. 21	234		
must be	20a. METHOD OF DISPOSITION 1X Burlel 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	20b.P	PLACE AND DATE OF D	SPOSITION (Name of	OATE 20c. LO	CATION — City of To	own, Stata		
iner a	21. SIGNATURE OF FUNERAL MENVICE LICEN	SEE	LICIEWOOU	22 NAME AND ADDRESS OF I	FACILITY	,			
or removal. medical examiner must	#artley Miller Funeral Home 7527 Harford RD. Balto. Md. 21234 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest. Approximate								
ending prysical and comparely me Hygiene prior to burial, cremation, or other traumatic event, the ERTIFICATION	iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to Immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A C		a o coma	vivns	4105	Onset and Death		
	PART II. Other significant conditions of	contributing to death but	t not resulting in th	ne underlying cause given i	n Part i. 24s, WAS AN		WERE AUTOPSY FINDINGS		
ws any					PERFOR		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
State Oept. r item 23 s	25. WAS CASE REFERRED TO MEDICAL			28. PLACE OF DEATH (Sheck only one!				
State Item		IOSPITAL:	lant 3 004 A	THER: Nursing Home 5 Pasidence					
ked, o	27. MANNER OF DEATH 1 Anturel 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF		28d. DESCRIBE HOW I	NJURY OCCURED			
0 = 0	2 Accident Investigation 3 Suicide 8 Could not be determined	28a. PLACE OF INJURY building, atc. (Specify	- At home, farm, atree		281. LOCATION (Street and City or Town, State)	and Number or Rural i	Route Number,		
				the time, data and place, and de					
T S & I	29b. SIGNATURE AND TITLE OF CERTIFIER	- I Sala of Salimination I	A.	29c. LICENSE N	UMBER	29d. DATE SIGNED			
IMPG TO B	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF DEAT	H (ITEM 27) (Type, Print	0206	588	▶ 6/14	1/94		
	Cavi S. Fueduray 31. DATE FILED (Month, Day, Year)	MP, 5	15 Fair	1) 1	Towson	Md.	21286		
	JUN 1 4 1994	32. JEGISTRAR'S SIGNAT	-Aindell						



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TO THE HOSPITAL OR ATTENDIATE PHYSICAL TO SHE THE Geath certificate be executed within a nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR AND THE WAS CONTROLLED BY THE AUTHORING PAYSICIAN AND COMPLETELY RIVED IN THE FUNERAL DIRECTOR AND CHARGE STROUGLE BY THE BUNIAL TRANSIT DEFINITY PAGES 1.	be filed within 72 hours after chair with the State Cept. or Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - STATE REGISTRAR	STATE OF MARYLAN		ENT OF HEALTH A		L HYGIENE REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)	William R			2. DATE MONTH	OF DEATH DAY	YEAR	TIME OF DEATH		
1	4. SOCIAL SECURITY NUMBER 436-16-0575			NOER 1 YEAR IF UNDER 24		9 19 OF BIRTH (7, Day, Your) (-1915	a. BIRTHPL Country)	ACE (State or Foreign		
OR	so. FACILITY NAME (If not institution, give st 4567 The Strat		Sb.	CITY, TOWN OR LOCATION Balto	OF DEATH	9c. COI	UNTY OF DEA	тн		
DIRECTOR	10a. STATE 10b. COUNTY		10c. CITY, TO Balto	WN OR LOCATION				od. INSIDE CITY LIMITS? YES 2 \(\text{NO} \)		
FUNERAL (100. STREET AND NUMBER 4567 The Strand	100. STREET AND NUMBER 4567 The Strand				10g. Ci	AT COUNTRY?			
BY FUNE	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATE	XXNO	13. WAS DECENDENT OF the yes, specify Cuben, 1 YES 2 NO	HISPANIC ORIGIN Mexicen, Puerto F		U S A or No— 14. RACE — American Indian, Black, White, etc. Specify: Black			
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementery/Secondary (0-12)	CATION completed) 18 College (1-4 or 5 +)	ille. Do NOT use reti	one during most of working ed.)		KIND OF BUSINESS/IN				
	12th 17. FATHER'S NAME (First, Middle, Last) Ralph Mayfiel (d	Shippin		R'S NAME (First, A	Calvert Di Middle, Maiden Surname) h	STILLE	ery		
TO BE	19a. INFORMANT'S NAME (Type/Print) Carolyn Jones			RESS (Street and Number of	Rural Route Numb	per, City or Town, State, Z.				
	20a, METHOD OF DISPOSITION 1 (X) Burlel 2 Cremation 3 Remark 4 Donation 5 Other (Specify) 21, SIGNATURE OF FUNERAL SERVICE US	LL0	ACEAND DATE OF DIS	ce Cemetery						
	Conframe +	t. Thomp	son JR	March F/	H West	enue Balt	o. Md	21215		
	immediate Cause (Finel disease or condition reaulting in death)	complications that coused the List only one cause on each a. Acute Hydrous TE My Due to (or As a co	ilina. Eddidiai	Enfare to	un a	ud C.H.	,Z	Approximate interval Between Onset and Death		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST ACCUMENTATION CAUSE OF CONSEQUENCE OF CAUSE (Disease or Injury that Initiated events resulting in death) LAST									
AL	PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. Status POST CVA WWY Rt. Helmpares. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DEPORTING. 1 YES 2 NO.									
HAN:	DID TOBACCO USE (AUSE OF D	28. PLACE OF DEA	NO D	0)				
PHYSICIAN: MEDIC	EXAMINER? 1 VES NO 27. MANNES OF DEATH 1 Netural 5 Pending	HOSPITAL: 1 Inpatient 2 ER/Outpetie 28e. DATE OF INJURY (Month, Day, Year)		HER: Nursing Home 5 1 28c. INJURY AT WORK?	28d. DES	r (Specify)	CCURED			
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — building, atc. (Specify)	At home, farm, street	1 YES 2 1	28f. LOC	ATION (Street and Number or Town, State)	er or Rurel Rou	te Number,		
COMPLETED		CIAN: To the best of my knowledgers: On the basis of examination en						nd manner ee stated.		
TO BE C	296. SIGNATURE AND TITLE OF GERTIFIER THEY DECK	. ///	1_		SE NUMBER 72053	29d. DA	TE SIGNED (M	O+94		
F	30. NAME AND ADDRESS OF PERSON WHO	CBAUM, 17-1	(ITEM 27) (Typo, Print) - 3635	000	RD.	BACTO.	, 40.	21208		
	31. DATE FILED (Month, Day, Year) JUN 1 4 1994	32. REGISTRAR'S SIGNATU	IRE							

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DIVISION OF VITAL RECORDS, P.O. BOX 68760

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within to have feath. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Merital Hygiene pilor to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG. NO.

	1. DECEDENT'S NAME (First,	Middle, Last)								2. DATE OF	DEATH			3. TIME OF DEATH
	Jeanne		М.		Melo	cik				HTHOM	- 0	Y L	994	00:15 Am
	4. SOCIAL SECURITY NUMB	BER	5. SEX	6. AGE (In yrs.	last birthday)		R 1 YEAR	-	R 24 HRS.	7. DATE OF	BUSTH	<u> </u>	8. BIRTH	PLACE (State or Foreign
	219-16-5924		1 🗌 M 2 📉 F	69	YRS.	MONTHS	DAYS	HOURS	MIN.	Feb.	8, 19	925	Ma	ryland
_	90. FACILITY NAME (If not in					9b. CIT	Y, TOWN	OR LOCATI	ION OF DE	EATH		9c. COU	INTY OF DE	EATH
5	Union Me	moria	al Hosp:	ital		I	Balt	imo	re (City		-		
DIRECTOR	RESIDENCE OF DEC	10b. COUNT	Υ		10c. CI1	TY, TOWN	OR LOCAT	TION						10d. INSIDE CITY
뜸	Maryland					Baltimore						LIMITS?		
A	10e. STREET AND NUMBER					101. ZIP CODE					10g. CIT	10g. CITIZEN OF WHAT COUNTRY?		
FUNERAL	3441 Harwe		21213						U. S. A.					
	11. MARITAL STATUS 1 X Never Merried 12. WAS DECEDENT EVER IN U. FORCES? 1 YES				U.S. ARMED 13. WAS DECENDENT OF HISPANI 2 X NO 13. WAS DECENDENT OF HISPANI 14 yes, specify Cuben, Mexicen					NIC ORIGIN? (Specify Yee or No. 14. RACE - American				- American Indian
ВУ	3 Widowed 4 Divo		IF YES, GIVE V								m, ww.,		Specif	
ED	15, DEC	EDENT'S EDU	CATION	160	DECEDENT'S	LISUAL	CCUPATIO	OM.		16h VI	ND OF BUS	INESC (IN	DUCTOV	MILLE
E	(Specify only Elementery/Secondary (0	highest grade	College (1-4 or 5		(Give kind of life, Do NOT u	work done se retired.)	during mo	st of worki	ng	100. 10	ND OF BOX	MAE 93/IIA	DOSTAT	
릴	n/a	,	n/a	"	Secre	tary							Offi	ice
COMPLET	17. FATHER'S NAME (First, M.	iddle, Last)						16. MOT	HER'S NA	ME (First, Mide	die, Maiden	Surname)		
BE (Adam Meloc	cik			_			M	ary	Sou1				
0	190. INFORMANT'S NAME (7		(0)							Route Number,				
	Theresa Mel		(Sister)						, Ba	1timo				
	20e. METHOD OF DISPOSITE 1 □ Burlel 2\(\bar{A}\) Crematio 4 □ Donetion 5 □ Other	n 3 🗆 Rem	noval from State	cemetary,	crematory or control	OF DISPO	SITION (Na	ame of					City or Ton	
	21. SIGNATURE OF FUNERA		CENSEE	GIE	en Mo			ALOI			Ват	timo	re, N	Maryland
	N/11/14	69	V/2.	1						eral H				
\vdash	23. PART I. Enter the di	20	agu	h)	don't Do	3	331	Breh	ms L	ane, I	Balti	more	, Md.	21213
	ahock, or he	eert fallure.	List only one ceu	iae on eech ii	ine.	not ente	r the mo	de or dy	ing, auc	n es cardie	or reepi	retory er	reat,	Approximate intervel Between
	IMMEDIATE CAUSE (Final , Onset and Death													
	disease or condition													
z	- MYOCARDIA TAKARITION BLOW											18days		
CERTIFICATION	Sequentielly liat conditi if any, leading to immed	diete	DUE TO	(OR AS A CONS	ONSEQUENCE OF):							,		
2	cause. Enter UNDERLYI CAUSE (Disease or inju				PLATED ALLOWOUL CARDIOMY					DATAC	牙牙	147	· 40 years	
Ë	thet initiated eventa resulting in death) LAS	т	DUE TO	(OR AS A CONS	SEOUENCE O	F):								0
G	d										1			
EDICAL	PART il. Other significe	nt condition	ne contributing to	deeth but no	t recuiting	in the u	nderiying	g cause	given in	Pert i. 24	a. WAS AN		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
o	RESPIRA									1	YES 2	N NO		COMPLETION OF CAUSE OF DEATH?
Σ	PROBOBI									_				1 - YES 2 NO
A Ä	DID TOBACCO		CONTRIBUTI	TO CA	USE OF	DEA] NC	~				
PHYSICIAN:	EXAMINER?	O MEDICAL	HOSPITAL:] ED (0		OTHE	R:			eck only one)				
H	27. MANNER OF DEATH		130 Inpatient 2		3 L DOA		28c. INJ		eeldenca	6 Other (Specify) 26d. DESCRIBE HOW INJURY OCCURED				
ВУ Р	The second state of the se	Pending Investigation	(Month, E	Pay, Year)	IN.	JURY M		PIK?	(NO	200.0200.		130111 00	OONLD	
	3 Sulpido	Could not be	28e. PLACE C	F INJURY — At atc. (Specify)	home, ferm,	street, fac	tory, offic			281. LOCATIO	ON (Street a	nd Numbe	r or Rural R	oute Number,
		determined	- John Mily	are. (opecity)						City or I	own, State)			
PE	29e. CERTIFIER (Check only	IFYING PHYS	ICIAN: To the best of	my knowledge,	death occurr	ed at the	time, date	end place	, end due	to the ceuse(e) end men	ner ee sta	ted.	
COMPLETE														end menner ee stated,
ш	296. SUSNATURE CHO TITLE	of centure						29c. LiCi	ENSE NUM	MBER				(Month, Day, Year)
TO B	DIDLEWOOD	Suc	M.D					AT24	3894	6-E1=	+	▶ _	UN6	11/1994
-	30. NAME AND ADDRESS OF	PERSON WH	O COMPLETED CAU				T	21/11	11/	201	A 0:00	2.5	200	212:0
	31. DATE FILED (Month, Day,	Year	32 BE 1970				YY	KU	14/1	SHU	NO	100	0177	51518
	JUN 1	4 1994	Julia	A SIGNATURE	Bondal	2								
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> BIENVENIDU 31. DATE FILED (Month, Day, Year)

IIIN 141994

32. REGISTRAR'S SIGNATURE

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JR AT	MECH	DUIS 3	em 2
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HOSP	UNE	vithin	ANT
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	I THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transft nermit	filed v	IPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

ITEMS: 1. & 4. PER F.H. FILM G-712 6/14/94 t.t FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -REGISTRAR

1. DECEDENT'S NAME (First, Middle, Lest) CHARLES ALAN MCDOWELL

A Concept C CERTIFICATE OF DEATH 2. DATE OF DEATH DAY 3. TIME OF DEATN 510 June 994 om 4. SOCIAL SECURITY NUMBER 5 SEY 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR Z DATE OF BIRTH IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 1 0 M 2 - F -9416 4-4-26 Maruland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Eastpoint Nursing Home Dundalk Baltimore 10a. STATE 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maruland Baltimore Dundalk 1 YES 2XX NO FUNERAL 10e. STREET AND NUMBER 10f. ZtP CODE 10g. CITIZEN OF WHAT COUNTRY? 1702 Searles Road 21222 United States 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yas or No-14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES 1 Never Married 2 X Married 2 NO If yes, specify Cuban, Maxican, Puerto Ric BY 1 - YES 27 NO Specify 3 Widowed 4 Divorced Specify WW II White Armu COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade compa Elementary/Secondary (0-12) College (1-4 or 5+) 10th Grade Machine Operator Western Electric 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Patrick McDowell BE Kathryn Lou 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 2 Dundalk, Maryland Mary Ellen McDowell 1702 Searles Road 20s, METHOD OF DISPOSITION

APP Burlat 2 Cremation 2 Cremation 5 Cherry; 20b. PLACE AND DATE OF DISPOSITION (Nama of 20c. LOCATION — City or Town, State DATE Mem. Gdns. 6/14/94 Holly Hill Baltimore, MD 21. SIGNATURE OF FORERAL SEA RVICE LICENSES 22. NAME AND ADDRESS OF FACILITY Duda-Ruck Funeral Home of Dundalk, 7922 Wise Ave. Dundalk, MD 23. PART I. Entar the disesses, or complications that caused the death. Do not entar tha mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heart failure. List only one cause on each line. Interval Between Onsat and Death IMMEDIATE CAUSE (Final Cq. of liver disease pr condition_ cellar DUE TO (OR AS A CONSEQUENCE OF) resulting in death) MONTHS CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to Immediate cause. Enter UNDERLYING CAUSE (Disease Dr Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART ii. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24s. WAS AN AUTOPSY 1 - YES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) OTHER: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA ne 5 🗆 Residence 8 🗆 Other (Specily) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Neturat 2 Accident 5 Pending investigation M 1 YES 2 NO BY 26s. PLACE OF INJURY — At home, farm, street, factory, offica building, atc. (Specify) ETED. 3 Sulcide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be 4 Nomicide COMPL 1 YCERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER My My . att . Ny y u an

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 29d. DATE SIGNED (Month, Day, Year) D-14618 44 6/11 2 149-21030 R. MATUS 21 Crambwolf Red Colleguelle MID.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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	1 - FOR STATE REGISTRAR	STATE OF MARYLA		TMENT OF H		MENTAL HYGIEN	E				
1	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH			
- 8	Issie		Mitni	ck		June 10,	1994 YEAR	5:00 Am			
	4. SOCIAL SECURITY NUMBER		yrs. last birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	6. BIRT	HPLACE (State or Foreign			
Ĝ	109-03-8022 9a. FACILITY NAME (# not institution, give str	1 M 2 F 87	YRS.		OR LOCATION OF DE	01/01/19	907 RUSSIA				
DIRECTOR	6524 Sanzo Road	on and named,		Balti		timore					
EC.	10a. STATE 10b. COUNTY	Y, TOWN OR LOCAT	OWN OR LOCATION			10d. INSIDE CITY					
ō		timore		Baltimo			1 WES 2 NO				
FUNERAL	10e. STREET AND NUMBER	101	. ZIP CODE		109. CITIZEN OF USA	WHAT COUNTRY?					
NS I	6524 Sanzo Road 11. MARITAL STATUS	12. WAS DECEDENT EVER IN U	J.S. ARMED	13. WAS DEC	21209 ENDENT OF HISPAN	IC ORIGIN? (Specify Yea		CE — American Indian,			
Β¥	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 \(\subseteq \text{YES} \) IF YES, GIVE WAR OR DAT	2 NO ES X	If yea, ap	2. NO Specify:	, Puerto Rican, etc.)	Ble	ck, Whita, atc. Cify: WHITE			
8	15. DECEDENT'S EDUC (Specify only highest grade of	ATION completed)	ita. DECEDENT'S (Give kind of v	USUAL OCCUPATION OF MORE MORE MORE MORE MORE MORE MORE MORE	ON st of working	16b. KINO OF BUS	INESS/INDUSTRY				
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT us	ASTERER	C - A11.	CONS	TRUCTION				
OM	17. FATHER'S NAME (First, Middle, Last)			and the contract of the contra	18. MOTHER'S NAM	ME (First, Middle, Maiden					
BE C	YITZCHAK MITN	ICK			ESTHE		,				
5	19a. INFORMANT'S NAME (Type/Print) IRENE MITNICK				nd Number or Rural R	oute Number, City or Town	n, State, Zip Code)	200			
	20a, METHOD OF DISPOSITION		LACEANDDATEC	F DISPOSITION (Ne			CATION — City or 1				
	1 Donation 5 Other (Specify)		ery, cremetory or of	EFTORE		12-94 PIN	ELAWN, N	Y			
	21. SIGNATURE OF FINERAL SERVICE LICE	NSEE O LIA		22. NAME AF	SOL LOTT	nson & Bro	2				
	ACEUT III	· Willen		6010	Reisters	town Rd, E	Baltimor	e, MD 21215			
	23. PART I. Enter the diseases, or co ahock, or haart fallure. L	omplicatione thet caused t list only ona causa on eac	the deeth. Do n ch ilne.	ot anter the mo	de of dying, auch	as cardiac or raspi	ratory errest,	Approximate Intarvai Between			
	iMMEDIATE CAUSE (Finel disease or condition	MMOC	000.0	Link	BRETIS	~		Onset and Death			
	resulting in death)	DUE TO (OR AS A C		ŋ:							
NO	Sequentially list conditions, Dig by the Due to (or as a consequence of):										
CATI	if any, leading to immediata cause. Enter UNDERLYING	OUE TO (OH AS A C	ONSEQUENCE OF	·):							
CERTIFICATION	CAUSE (Disease or injury that initiated events OUE TO (OR AS A CONSEQUENCE OF):										
CER		resulting in death) LAST									
SAL	PART II. Other eignificent conditions	contributing to death but	not recuiting i	n the underlying	cause given in i	Part I. 24a. WAS AN PERFOR		b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO			
PHYSICIAN: MEDIC			<u></u>			1 YES 2	□ NO	COMPLETION DF CAUSE OF DEATH?			
. M	DID TOBACCO USE C	ONTRIBUTE TO C	AUSE OF	DEATH Y	ES [] NO			1 YES 2 NO			
CIA	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (Che	ck only one)					
YSI	1 TYES 2 THO	HOSPITAL: 1 ☐ Inpatient 2 ☐ ER/Outpat			a 5 Residence	3 Other (Specify)					
ву рн	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIMI INJ	URY WO	URY AT RK? YES 2 NO	28d. OEŞCRIBE HOW IP	NJURY OCCURED				
ETED B	3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE OF INJURY — building, etc. (Specify	At home, farm, s	treet, factory, offic		28f. LOCATION (Street a City or Town, State)	nd Number or Rural	Route Number,			
COMPLE		IAN: To the beat of my knowled						(a) and menner as stated.			
ш	29b. SIGNATURE AND TITLE OF CERTIFIER	19			29c. LICENSE NUM			D (Month, Day, Year)			
TO B	/tra	1 shed			425	675		097			
	30. NAME AND ADDRESS OF PERSON WHO		H (ITEM 27) (Type,	Print)	RJ B	met ond	212	0 8			
	31. DATE FILED (Month, Day, Year) JUN 1 4 1994	12 () EGISTRAR'S SIGNAT									
	7 ~ 7007	O	and minutes.								

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BALTIMORE, MARYLAND 21215-0020

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within fours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL, DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CEF	RTIFIC	ATE O	F DEATH	1	RE	G. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)						2.	DATE OF DE				3. TIME OF DE	ATH
	William Thomas	McCarthy					Ji	une 1	2, 🖺	994	YEAR	10:00	А.м
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. last b	irthday) IF	UNDER 1 YEAR	IF UNDER 24 I	HRS. 7.1	DATE OF BUS	RTH		8, BIRTH	DI ACE (Chair or	
	220-24-7520		53		NTHS DAYS		MIN. DA	(Month, Day, CC. 3	Year) O	30	Mars	land	
	9a. FACILITY NAME (If not institution, give st			-	CITY TOWN	OBLOCATION			, 10				
œ	35.000111.01.00011												
6	1260 Sugarwood Circle, Apartment 104 Essex Baltimore County												nty
DIRECTOR	10s. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE C											10d. INSIDE CIT	Y
#	Maryland Paltimore County Force									LIMITS?			
ار	10e. STREET AND NUMBER		4			IOI. ZIP CODE	_		-	100 017	TEN OF	1 YES 2 X	
FUNERAL	1260 Sugarwood Ci	rtment 1						U.S					
쀨	11, MARITAL STATUS	12. WAS DECEDENT EV											
	1 Never Married 2 Married	FORCES? 1	YES 2 NO		If yes,	ECENOENT OF H specify Cuban, N	Maxican, Pu			or No-	14, RACI Black	E — American Inc k, Whita, atc.	ilan,
BY	3 Wildowed 4 Divorced	IF YES, GIVE WAR	OR DATES		t 🗆 YI	S 2 X NO	Specify:				Whi	te	
	15. DECEOENT'S EDUC	CATION	16+ DECE	OFNT'S (IS	JAL OCCUPAT	TION		16b, KIND	OF BUILD	INE CO III			
E	(Specify only highest grade	completed)	(Give	kind of work	done during r	nost of working				re (
2	Elementary/Secondary (0-12) 12th Grade	College (1-4 or 5+)	2.0			cenant		Pol-	الللان	Dons	artme	nt	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		rece	- CTAG	111EU	7					AL CHIE	416	
8	Thomas Bailey							First, Middle, achte:		Surname)			
BE													
<u>و</u> ا	19s. INFORMANT'S NAME (Type/Print)					and Number or						1 3 - 03	226
-	Kathleen A. Edelm	ann		-			rive	_				rland 2	L236
	20a. METHOD OF DISPOSITION 1 ☐ Burlet 2 💢 Cremation 3 ☐ Rame	oval from State	20b. PLACE AND	D DATE OF D	ISPOSITION (Name of	į				City or To		
	4 Donation 5 Other (Specify)		Green	mount					Balt	imor	ce, N	aryland	i
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	- 13	į.	22. NAME	ANO ADDRESS	OF FACILIT	ry					
	* KOTILLE	mh.	/	. /		C. Mil			1+4~	~~~	Mar	yland 2	21 206
	23. PART/1. Enter the diseases, or o	complications that ca	und the deat	Do not									
	shock, or heert fallure.	List only one cause		DO HOL	enter the n	roue or dying,	, auch sa	Cerdiac o	reapir	atory ar	reat,	Approxir	nate
- 1		only one oddes t	on each line									intervai	
	iMMEDIATE CAUSE (Fine)	NIT	- on each line									Onset sr	
	iMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	MJ	- <i>V</i>										
	disease or condition	MJ	AS A CONSEQUE	ENCE OF):									
NC	disease or condition resulting in deeth)	DUE TO (OR	AS A CONSEQUE										
NOIL	disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate	DUE TO (OR	- <i>V</i>										
ICATION	disease or condition resulting in deeth) Sequentially list conditions,	DUE TO (OR	AS A CONSEQUE	ENCE OF):									
TIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR	AS A CONSEQUE	ENCE OF):									
ERTIFICATION	disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR	AS A CONSEQUE	ENCE OF):									
L CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR DUE TO (OR DUE TO (OR	AS A CONSEQUI	ENCE OF):	he underly	Ng Calles Alve	en in Peri	1 24- 1	WAS AN A	MITOREY	24	Onset or	nd Death
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR DUE TO (OR DUE TO (OR	AS A CONSEQUI	ENCE OF):	he underlyl	ng ceuse give	en in Part	t I. 24a. Y	WAS AN A	WTOPSY MED?	24b	Onset se	FINDINGS
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR DUE TO (OR DUE TO (OR	AS A CONSEQUI	ENCE OF):	he underlyl	ng ceuse give	en in Part			MED?	24b	Onset of	FINDINGS
EDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR DUE TO (OR DUE TO (OR	AS A CONSEQUI	ENCE OF):	he underlyl	ing ceuse give	en in Part		PERFOR	MED?	24b	Onset of WERE AUTOPSY AMAIL ABLE PRIO COMPLETION OF	FINDINGS 9 TO CAUSE
EDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR DUE TO (OR DUE TO (OR	AS A CONSEQUI	ENCE OF):	he underlyl	ing ceuse give	en in Part		PERFOR	MED?	24b	WERE AUTOPSY AMAILABLE PRIO OF DEATH?	FINDINGS 9 TO CAUSE
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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 12 hours after death with the State Dept. of Health and Mental Hygiene grown to removal. MEMORTANT: If them 28 is marked, or them 23 shows any shirty, or other trainmails event the markled.
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	FOR 1 STATE	STATE OF MARYLA		MENT OF HEALTH AND	MENTAL I	IYGIENE				
	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)		CERTIFIC	CATE OF DEATH	_	REG. NO.				
	William	A. 0	lovi	c-14	2. DATE OF MONTH	DEATH DAY	3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (Ir	n yrs. lest birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF		6. BIRTHPLACE (State or Foreign			
	217-12-6461	1 M 2 □ F	7/ YRS. "	ONTHE DAYS HOURS MIN.	(Month, of	2/23	Country) MARYLAND			
~	9a. FACILITY NAME (If not institution, give a		-	b. CITY, TOWN OR LOCATION OF D	EATH /	9c. COUN	TY OF DEATH			
DT.	874 MAGO VISTA ATVOID AA									
DIRECTOR	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSI									
		E ARUNDEL		ARNOLD			1 YES 2 XNO			
FUNERAL	10s. STREET AND NUMBER			101. ZIP CODE		10g. CITIZ	EN OF WHAT COUNTRY?			
NE	874 MAGO VIST		II C ADMED	21012		U	S.A.			
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BY	3 Widowed 4 Divorced	WW 11	163	1 TYES 2 XNO Speci	ny:		Specify: WHITE			
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COMPLETED	17. FATHER'S NAME (First, Middle, Last)		OTTAL DI			le, Maiden Surname)	TION			
BE C	ALGARD OLEVIC	CH		ALFR	EDINE	DeVILL	ERS			
2	19a. INFORMANT'S NAME (Type/Print)			DDRESS (Street and Number or Rural						
-	GEORGETTE C.OI			AGO VISTA RO						
	20a. METHOD OF DISPOSITION 1 □ Burlal 2 □ Cremation 3 □ Rem 4 □ Donation 5 □ Qthey (Specify)	oval from State		DISPOSITION (Name of EMATORY, INC.	6/12	20c. LOCATION — C	•			
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	A CIO	22. NAME AND ADDRESS OF FA	ACILITY		VILLE, MD.			
	* Lary	d. Lang	many	RAYMOND C. 1						
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	ahock, or heart fellule.									
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4. St	OCIAL SECURITY NUMBER	5. SEX	8. AGE (In vrs. last birthday)	IF UNDER I YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH

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	9a. FACILITY NAME (If not Institution, give	street and number)		,	9b. CITY, TO	WN OR LOCATION OF	DEATH		9c. COUNTY	
S S	DEATON Specialty Hosp+ Home Balto; He 21230									
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUN		10c. CITY, TOWN OR LOCATION 10d.)					10d. INSIDE CITY		
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	15. DECEDENT'S EDUCATION (Specify only highest grade completed)			16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working				166. KIND OF BUSINESS/INDUSTRY		
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EC	Yenknown			18. MOTHER'S NAME (F			un	First, Middle, Meiden Sumeme)		
00	19a. INFORMANT'S NAME (Type/Print)			19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip of					State, Zip Co	de)
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First Middle Last) 2. DATE OF OEATH 3. TIME OF OFATH YEAR 11 - 30 AM 12 1994 JUNE A. SOCIAL SECURITY NUMBER 5. SEX B. AGE (In yrs. lest birthday) IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) B. BIRTHPLACE (State or Formion 249-16-5679 DAVE 1 🗌 M 2 💢 F 0 1-11-98. FACULTY NAME (If not institution, give street and number)
UNLON MEMORIAL HOSPLTAL 9b. CITY, TOWN OR LOCATION OF DEATH BALTIMORE DIRECTOR RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 1 | YES 2 | NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? U.S.A University Parkwai 21218 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuban, Mexican, Puarto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married 1 TES 2 NO Specify ВУ Specify: Black 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high College (1-4 or 5+) Elementary/Secondary (0-12) 124 must be notified at once. 17. FATHER'S NAME (First Middle Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumame) Beula hartes BE 19a. INFORMANT'S NAME Aypa/Print) mber, City or Town, State, Zip Code) 2 Balto, Md 2/2/8 1181575 6714/94 20a. METHOO OF DISPOSITION

1 Description | Burial | 2 December | Communication | 3 December | Removal 20b. PLACE AND DATE OF DISPOSITION (Name of 20c LOCATION - City or Town, State 4 Donation 5 Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF Harch 21215 Que medicai 23. PART. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiretory arrest, Approximate shock, or heart failure. List only one ceuse on each line. Intervei Between IMMEDIATE CAUSE (Finel Onset and Death the th disease or condition resulting in death) RESPIRATORY FAILURE event. DAYS DUE TO (OR AS A CONSEQUENCE OF): SEPSIS DAYS item 23 shows any injury, or other traumatic MEDICAL CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING ENTEROCOCCUS CANDIDA DAYS CAUSE (Disesse or injury DUE TO (OR AS A CONSEQUENCE OF thet initiated events resulting in deeth) LAST PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE PERFORMED? Athan Flutter, Bildrend Plense Efficien 1 TYES 2 NO 1 - YES 2 - 10 DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES BY PHYSICIAN: NO X 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) **EXAMINER?** OTHER: 1 TES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) b 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Natural 1 YES 2 NO 2 Accident 28s. PLACE OF INJURY — At home, farm, atraet, factory, offica building, atc. (Specify) 28 is s 3 Sulcida 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be COMPLETED 4 Homicide llem 29s. CERTIFIER (Check only (Ch = 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, end due to the cause(s) end manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE INTERN spendy 06/12/94 AT 2438946 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) BALTIMORE UNION MEMORIAL HOSPITAL, MD 21218 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE

lie Devide

1994

DHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page be fled within 72 hours after death with the State Debt, of Heath and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: It tem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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JUN 14 1994

ITEM: 1. PER F.H. FILM G-712 6/14/94 t.t FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME ANNA ALLIENE 2. DATE OF DEATH 3. TIME OF DEATN 6:55P. 6 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTN (Month, Day, Year) 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IE IMPER 24 MRS Sept 21, 218-09-4331 1 - M 2 X F 79 YRS. Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c COUNTY OF DEATH DIRECTOR Church Hospital Baltimore City RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore City 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 17 North Glover Street 21224 United States 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If was, assetty Cuban, Mexican, Puerto Rican, etc.) 11 MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 💢 NO 14. RACE — American Indian, If yes, specify Cuban, Mexican, Pt 1 ☐ YES 2 NO Specify: 1 X Never Married 2 Married IF YES, GIVE WAR OR DATES BY Specify: White 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complet 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KINO OF BUSINESS/INDUSTRY College (1-4 or 5+) 4 Dependent 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) William B. Phillips Sr. Katie E. Crough BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 John M. Phillips 610 Oak Tree Road Westminster, Md. 21157 20a, METHOD OF DISPOSITION
1 \(\text{S Burial} \) 2 \(\text{Cremation} \) 3 \(\text{Re} \) Re 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE Glen Haven Memorial 6/13/94 Glen Burnie 4 Donation 5 Other (Specify) Maryland 22. NAME AND ADDRESS OF FACILITY Leonard J. Ruck, 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Milton Knight Jr. 5305 Harford Road Baltimore, Md. 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or heart feliure. List only one Interval Between Onset and Death IMMEDIATE CAUSE (Finel disease or condition_ resulting in death) DUE TO (OR AS A GASTROPNITESTINAL CERTIFICATION Sequentielly list conditions, if any, leeding to immediate OUE TO (OR AS A RLEEDING cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) EXAMINER?

1 YES 2 NO HOSPITAL: OTHER:
4 | Nursing Home 5 | Residence 6 | Other (Specify) 1 Inpatient 2 ER/Outpatient 3 DOA 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED 5 Pending Investigation 1 Natural 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, term, street, fectory, office building, etc. (Specify) 3 Suicide 26t, LOCATION (Street and Number or Rural Floute Number, City or Town, State) 6 Could not be determined BE COMPLETED 4 Homicide 29e. CERTIFIER
(Check ank 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due 29b. SIGNATURE AND TITLE OF CERTIFIER 2

LETED CAUSE OF GEATN (ITEM 21) (Type

32. REGISTRAR'S SIGNATURE

DNMN-16 Rev 1/89

DWG

ITEMS: 23 part I,27,28a,b,c,d,e,f per MEO G-712 6/21/94 reb

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	AND / DEPART CERTIFIC	MENT OF HE	ALTH AND MI DEATH	ENTAL HYGIEN REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	DEFERGAL			1	2. DATE OF DEATH	YEAI	3. TIME OF DEATH	
	KENNETH LEE 4. SOCIAL SECURITY NUMBER	PETERSON 5. SEX 8. AGE (II	in yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	DATE OF BIRTH	94	4:02P	
	575-39-1836 9a. FACILITY NAME (If not institution, give si	1 ØM 2 □ F 2	20 YRS.	MONTHS DAYS	HOUSE AME	UNE 16,	Co	SCOTLAND	
DIRECTOR	1007 UPTON RO				BURNIE	n		ARUNDEL	
끭	10a. STATE 10b. COUNTY	(10c. CITY,	TOWN OR LOCATIO)N			10d. INSIDE CITY	
		NNE ARUNDEL		GLEN	BURNIE			1 TYES 2 NO	
FUNERAL	100. STREET AND NUMBER 1007 UPTON ROA	A D			ZIP CODE			F WHAT COUNTRY?	
N N	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMED		1060 NDENT OF HISPANIC	ORIGIN? (Specify Yea	U.S.	ACE — American Indian.	
ВҰ	1 X Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES IF YES, GIVE WAR OR DA	2 L NO NTESX	It yes, spec	Ity Cuban, Maxican, NO Specify:	Puarto Rican, etc.)		lack, White, atc. pecify: WHITE	
ETED	15. DECEDENT'S EDUI (Specify only highest grade	completed)	18a. DECEDENT'S U (Give kind of wo life. Do NOT use	JSUAL OCCUPATION ork done during most retired.)	of working	16b. KIND OF BUS	BINESS/INDUSTR		
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+) NONE	BUS E	ЗОУ		REST	AURANI	p	
COM	17. FATHER'S NAME (First, Middle, Last)	TOTAL CONT				(First, Middle, Maiden	Surname)		
101	KENNETH LEE PE	TERSON				E S. CHU			
TO BE	19a. INFORMANT'S NAME (Type/Print) MR. KENNETH LE	EE PETERSON				ite Number, City or Town			
	20s. METHOD OF DISPOSITION	205	PI ACE AND DATE OF	EDICEOCITION /Nome	oot 6/12	V 0045 200 10	CATION — City of		
	1 N Burial 2 Cremation 3 Remo	oval from State come	etery, crematory or oth LEN HAV	EN MEMO	ORTAL PI	GI.	EN BIIE	NTP MADV	
	21. SIGNATURE OF FUMERAL SERVICE LIC	ENSEE		22. NAME AND	ADDRESS OF FACIL	TY SINGLE	TON FI	NERAL HOM	
	1. Tleng	e Hiskin		GLEN F	BURNIE,	4D. 2106	1		
	23. PART I. Enter the disease of or ahock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause on ea	INTOXICATIO		a or dying, such :	as cardiac or reapi	ratory arrest,	Approximate Interval Batwee Onset and Daa	
	Tourist it duting	DUE TO (OR AS A	CONSEQUENCE OF)):					
RTIFICATION	Sequantially list conditions, if any, leading to immediate	b. DUE TO (OR AS A	CONSEQUENCE OF)):					
S	cause. Enter UNDERLYING CAUSE (Disease or Injury	c							
RTIFIC	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF)):					
AL CE	PART II. Other significant condition	as contribution to death by	ut not resulting in	the underlying	enues eives is De	ert i. 24a, WAS AN	ALL TO SERVICE AND ALL TO SERVIC		
OICAI		a sound to death be	at not resuming in	tha underlying	couse given in ra	PERFOR	MED?	24b. WERE AUTOPSY FINDING AVAILABLE PRIOR TO COMPLETION OF CAUSE	
: MEDIC						YES 2	□ NO	OF DEATH?	
AN:	DID TOBACCO USE C	ONTRIBUTE TO	CAUSE OF	DEATH YES	S NO				
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	CE OF DEATH (Check				
PHYS	27. MANNER OF DEATH	1 Inpetient 2 ER/Outpe 28s. DATE OF INJURY		4 Nursing Home		Other (Specify)	NJURY OCCURED		
ву р	1 Natural 5 Pending	(Month, Day, Year) Found: 6/9/94	Four	JRY WORK	K?	UNKNOWN			
0.8	2 Accident Investigation 28s. PLACE OF INJURY — At home, farm, streat, factory, office 28s. L						and Number or Rur	ral Route Number,	
0.484.0	4 Homicide datarmined	HOME							
E	acer borne: 11b.								
17 -7							E-MANUFACTURE NAME OF THE PARTY		
17 -7			1	1			29d. DATE SIGN	IED (Month, Day, Year)	
BE COMPL	2 MEDICAL EXAMINE 295 SIGNATURE AND TITLE OF CONTRIBE	le And			O.C.M.E		29d. DATE SIGN		
17 -7	2 MEDICAL EXAMINE 295 SIGNATURE AND TITLE OF CONTRIBE	O COMPLETED ON DE OF DEA	ATH (FTEM 27) (Type). I	Prine).	O.C.M.E		JUN	E 10/94	

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BALTIMORE, MARYLAND 21215-0020

Pages 1, 2, 3 should

DIVISION OF VITAL BECORDS P.O. BOX 68760

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er death. Page 6 may be retained by the hospital or attending onysician.	the funeral director, page 5 should be detached for use as the burial-transit permit, wal.	i examiner must be notified at once.	TO BE COMPLETED BY FUNERAL (
TO THE HOSPIAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Jours after death. Page 6 may be retained by the hospital or attending obhsician.	TO THE FUNERAL DIFECTOR. After the centificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit be filed within 72 hours agreement, with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is manned, or litem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.								
	1. DECEDENT'S NAME (First, Middle, Last)		0.0000000000000000000000000000000000000						
	IDA E		PARKER	06 08	05:30 PM M				
	4. SOCIAL SECURITY NUMBER 2.1.2-4.0-3.8.9.9 5. SEX 1 □ M. 2	8. BIFF Cou	02 8. BIRTNPLACE (State or Foreign Country) Maryland						
~	9a. FACILITY NAME (If not institution, give street and num		96. CITY, TOWN OR LOCATION OF	F DEATN	9c. COUNTY OF				
DIRECTOR	NORTH ARUNDEL HOSPITAL RESIDENCE OF DECEMENT 10s. STATE 10s. COUNTY	A.A.	A.A. COUNTY						
	Maryland Anne Arunde	1 G		10d. INSIDE CITY LIMITS? 1 YES 2 X NO					
FUNERAL	1308 Crain Hwy., S.W.		101. ZIP CODE 21061		United	States			
B	1 Never Married 2 Married FORCES	CEDENT EVER IN U.S. ARMED 17 1 YES 2 NO GIVE WAR OR DATES		SPANIC ORIGIN? (Specify Y ixicen, Puerlo Ricen, etc.)	Bit	CE — American Indian, ack, Whita, atc. ecity: White			
COMPLETED	15. DECEDENT'S EDUCATION (Specify any highest grade completed) Elementary/Secondary (0-12) College (1-	(Give kind	IT'S USUAL OCCUPATION of of work done during most of working of use refired.)	166. KINO OF B	USINESS/INOUSTRY				
BE COM	17. FATNER'S NAME (First, Middle, Last) Joshua Herbert Donalds		18. MOTNER'S	NAME (First, Middle, Maide E Lee Warfie	en Sumame)				
TO B	19a. INFORMANT'S NAME (Type/Print) Leven R. Parker, Jr.		ING ADDRESS (Street and Number of R			21061			
	20a. METHOD OF DISPOSITION 11 Burlal 2 Cremetton 3 Removal from St 4 Donellon 5 Other (Communication)	20b. PLACE AND DA	ATE OF DISPOSITION (Name of	OATE 20c. L	LOCATION — City or	Town, State			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE) Gren Ha		dick Funera	al Home				
U	23. PART i. Enter the diseases, or complication	na that caused the death. [421 Crain I	Wy., S.E. (Glen Burr	nie, MD 21061			
	ahock, or haart fallura. List only or	na cause on each lina.	te strokes E OF:			intarvai Batween Onset and Daath			
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CERTI	resulting in death) LAST								
甘	PART ii. Other significant conditions contribut	ng to death but not resulting	ng in the undariying causa giver		AN AUTOPSY 24	4b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO			
MEDIC		designation	Luki	1 TYES	2 NO	OF DEATH? 1 YES 2 NO			
AN	25. WAS CASE REFERRED TO MEDICAL		26 84 405 05 05471						
SICI	EXAMINER? HOSPITA	AL: nt 2 ER/Outpatient 3 00	26. PLACE OF OEATH						
Y PHYSICIAN:	27. MANNED OF DEATN 28a. D. 1 Netural 5 Pending		A 4 Nursing Nome 5 Realder TIME OF 26c. INJURY AT WORK? M 1 YES 2 NO	28d. DESCRIBE NOW	/ INJURY OCCUREO				
19.00	2 Accident Investigation 3 Suicide 8 Could not be detarmined	ACE OF INJURY — At home, far illding, atc. (Specify)	rm, street, factory, office	28t. LOCATION (Stree City or Town, State		il Route Number,			
COMPL	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the base		curred at the time, data and place, and			a(a) and manner as stated			
BE CC	296. SIGNATURE AND TITLE OF CERTIFIER	200	29c: UCENSE	NUMBER		ED (Mogth, Day, Year)			
2	30. NAME AND AGORESS OF PERSON WHO COMPLETE	O CAUSE OF DEATH (ITEM OF A		50 T	4/1	7/74			
	JAMES J. BENJAMIN, M.I	0./653 OLD MIL		ILLE, MARYL	AND 21108	8			
		SISTRAR'S SIGNATURE							

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within and the recent of the spital or attending physician.

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4. SOCIAL SECURITY NUMBER 217 96 0430 September 19 10 10 10 10 10 10 10 10 10 10 10 10 10	APLACE (State or Foreign y) (ARYT, ANT) DEATH MORE 10d. INSIDE CITY LIMITS? 1 YES 2 NO WHAT COUNTRY?								
217 96 0430	ARYLAND EATH MORE 10d. INSIDE CITY LIMITS? 1 VES 2 NO WHAT COUNTRY?								
TABLITY NAME (if not institution, plus alread and number) See, COUNTY OF DEATH SENSEX BALTI SESE	MORE 10d. INSIDE CITY LIMITS? 1 YES 2 NO WHAT COUNTRY?								
PRANKLTN SOLIARE HOSPITAL ESSEX BALTIMESIDENCE OF DECEDENT 10. STREET AND NUMBER 11. MARITAL STATUS 11. MARITAL STATUS 11. WAS DECEDEDITY OF HISPANIC ORIGIN? (Specify Yes or No	MORE 10d. INSIDE CITY LIMITS? 1 YES 2 X NO WHAT COUNTRY?								
TO SET THE TWO NUMBER 10. STATE	10d. INSIDE CITY LIMITS? 1 YES 2 NO WHAT COUNTRY?								
TO S. STATE 106. COUNTY 10	LIMITS? 1 YES 2 NO WHAT COUNTRY? E — American Indian,								
MD BALTTMORE WHITE MARSH 10, CITIZEN OF 5629 GUNPOWDER ROAD 11, MARITAL STATUS 12, WAS DECEDENT EVER IN U.S. ASMED PORCEST 1 WES 2 NO 11, MARITAL STATUS 13, WAS DECENDENT OF HISPANC ORIGIN; (Specify Yes or No — 14, IRAM 11 West partied 2 Married 15, DECEDENT'S EDUCATION (() We lead of work down during most of working 16, KIND OF BUSINESS/INDUSTRY 12 16, DECEDENT'S EDUCATION (() We lead of work down during most of working 16, KIND OF BUSINESS/INDUSTRY 17, FATHER'S NAME (First, Micole, Last) 17, FATHER'S NAME (First, Micole, Malcan Summany) 10AN MARTE POLITILO 18. MAILING ADDRESS (Street and Number or Rum's Routh Number. City or Down, Stems, 20 Cooks) 19. MAILING ADDRESS (Street and Number or Rum's Routh Number. City or Down, Stems, 20 Cooks) 10AN M. RODOWSKY 10AN MARTE POLITILO 10AN MARTE POLIT	1 YES 2 NO WHAT COUNTRY? E — American Indian,								
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Specify only highest grade completed College (1-4 or 5 +) 12 College (1-4 or 5 +) 12 T. FATHER'S NAME (First, Middle, Leap) To Not (20 or influence) To Not (20 or infl	AALTITI								
12 BRICKLAYER CONSTRUCTION 15 AMERICAN NAME (First, Middin, Marie Divide, Malcian Surmame) 16 MOTHER'S NAME (First, Middin, Malcian Surmame) 19 AMERICAN NAME (First, Middin, Malcian Surmame) 19 AMERICAN NAME (First, Middin, Malcian Surmame) 19 AMERICAN NAME (First, Middin, Malcian Surmame) 19 AMERICAN NAME (First, Middin, Malcian Surmame) 19 AMERICAN NAME (First, Middin, Malcian Surmame) 19 AMERICAN NAME (First, Middin, Malcian Surmame) 10 AMERICAN NAME (First, Middin, Malcian Surmame) 10 AMERICAN NAME (First, Middin, Malcian Surmame) 10 AMERICAN NAME (First, Middin, Malcian Surmame) 10 AMERICAN NAME (First, Middin, Malcian Surmame) 10 AMERICAN NAME (First, Middin, Malcian Surmame) 10 AMERICAN NAME (First, Middin, Malcian Surmame) 10 AMERICAN NAME (First, Middin, Malcian Surmame) 10 AMERICAN NAME (First, Middin, Malcian Surmame) 10 AMERICAN Name (First, Middin, Malcian Surmame) 10 AMERICAN Nam									
JOHN JAMES RODOWSKY 196. NHFORMANT'S NAME (Type-Print) 190. NHFORMANT'S NAME (Type-Pr	(D) T								
JOHN JAMES RODOWSKY 196. NHFORMANT'S NAME (Type-Print) 190. NHFORMANT'S NAME (Type-Pr	ON								
198. NFORMANT'S NAME ("pper"mit) JOAN M. RODOWSKY 5629 GUNPOWDER ROAD WHITE MARSH, MD 2 20a. METHOD OF PISPOSITION ON THE CAUSE OF CHEMISTORY TO GIVE AS A CONSEQUENCE OF): 198. NALLING ADDRESS (Street and Number or Rural Fourie Number, City or Town, State, Zip Code) 10 BUT TO (OR AS A CONSEQUENCE OF): 198. NALLING ADDRESS (Street and Number or Rural Fourie Number, City or Town, State, Zip Code) 10 BUT TO (OR AS A CONSEQUENCE OF): 10 BUT TO (OR AS A CONSEQUENCE OF): 198. MALLING ADDRESS (Street and Number or Rural Fourie Number, City or Town, State, Zip Code) 10 BUT TO (OR AS A CONSEQUENCE OF): 10 BUT TO (OR AS A CONSEQUENCE OF): 11 BUT TO (OR AS A CONSEQUENCE OF): 12 SEQUENTIAL STATE CAUSE (Fined diseases or conditions, if sny, leeding to immediate course. Enter UNDERLYING CAUSE (Fined disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): 12 SEQUENTIAL STATE CAUSE (Fined disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): 12 SEQUENTIAL STATE CAUSE (Fined diseases or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): 24 DUE TO (OR AS A CONSEQUENCE OF): 25 WAS CASE REFERRED TO MEDICAL EXAMINER? 10 DUE TO (OR AS A CONSEQUENCE OF): 26 SEQUENTIAL STATE CAUSE OF DEATH YES NO STATE CAUSE OF DEATH (Check only one) 10 DUE TO (OR AS A CONSEQUENCE OF): 27 SEQUENTIAL STATE CAUSE OF DEATH (Check only one) 11 VES 2 NO STATE CAUSE OF DEATH (Check only one)									
JOAN M. RODOWSKY 20a. METHOD OF DISPOSITION 1									
20a. METHOD OF DISPOSITION Burlel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of comelery, crematory or other place) 6/13 BAI_TIMORE,	1162								
DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if sny, teeding to immediate cause of near Underlying in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS									
22. NAME AND ADDRESS OF FACILITY CVACH/ROSEDALE FUNERAL, HOME 1211 CHESACO AVE 21237 23. PART Lepter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, indicated events resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS									
23. PART I Exer the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, lock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) But TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS	21. SIGNATURE OF UNERAL SERVICE LUGSHEET								
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DUE TO (OR AS A CONSEQUENCE OF): Description									
DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST DUE TO (OR AS A CONSEQUENCE OF): d. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 24a. WAS AN AUTOPSY PERFORMED? 1	ì								
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 248. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO 25. WAS CASE REFERRED TO MEDICAL EXAMINED: EXAMINED: 1 Department 2 No Ferronal Processing Street Contribution 2 No	-								
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. PART III. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. PERFORMED? 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO 25. WAS CASE REFERRED TO MEDICAL EXAMINED: EXAMINED: 1 OTHER: 1 OTHER: 1 OTHER:									
DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO 28. PLACE OF DEATH (Check only one) EXAMINED: 1									
DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: TOTHER: 1 Impellent 2 25 ER/Outpatient 2 3 DOA OTHER:									
DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: TOTHER: 1 Impellent 2 25 ER/Outpatient 2 3 DOA OTHER:	. WERE AUTOPSY FINDING AVAILABLE PRIDE TO								
25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER: OTHER:									
25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: 1 Inpatiant 2 fy ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)	AVAILABLE PRIDE TO COMPLETION DF CAUSE								
7 1X YES 2 NO 1 Inpatiant 2 to ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)	AVAILABLE PRIDR TO COMPLETION OF CAUSE OF DEATH?								
	AVAILABLE PRIDR TO COMPLETION OF CAUSE OF DEATH?								
27. MANNER OF DEATH 28. DATE OF INJURY 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED INJURY WORK? 28d. DESCRIBE HOW INJURY OCCURED INJURY WORK?	AVAILABLE PRIDR TO COMPLETION OF CAUSE OF DEATH?								
m 2 Accident Investigation 900/44 2350 M 1 YES 20 No MOTORCYCLEST IN	AVAILABLE PRIDR TO COMPLETION OF CAUSE OF DEATH?								
	AVAILABLE PRIDR TO COMPLETION OF CAUSE OF DEATH?								
STREET 822 WANDLES	AMALABLE PION DT TO COMPLETION DF CAUSE DF DEATH? 1 YES 2 NO								
29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, end due to the cause(s) end manner as stated.	AWAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH? 1 YES 2 \(\text{NO} \) NO								
Since the solution of the building, stc. (Specify) 29a. CERTIFFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and placa, and due to the cause (s) and manner as stated.	AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO Available Number, Route Number,								
	AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO Available Number, Route Number,								
	AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO Available Number, Route Number,								
HOME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO Anothe Number, a) and manner as stated. D (Month, Day, Year)								
31. DATE FILED (Month, Day, Year) 32. DEGISTRAR'S SIGNATURE	AVAILABLE PRIOR TO COMPLETION OF CAUSE DEF DEATH? VES 2 NO NO Route Number, Route Number, (Month, Day, Year) E 11, 199								
JUN 1 4 1994 Julie Drieden-Rondell	AVAILABLE PINDS TO COMPLETION OF CAUSE DEFONDED TO CAUSE DEFONDED TO COMPLETION OF CAUSE DEFONDED TO CAUSE								

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31. DATE FILED (Month, Day, Year)
JUN 1 4 1994

		FOR 1 - STATE REGISTRAR	STATE OF MAP	RYLAND C	DEPAR ERTIF	TMENT O	F HEALTH	AND MI		YGIEN EG. NO				
		1. DECEDENT'S NAME (First, Middle, Lest) JOHN J	OSEPH ROBB					2	DATE OF S			YEAR	3. TIME OF D	EATH D. M
		4. SOCIAL SECURITY NUMBER 101-24-0712	1 M 2 - F	AGE (In yrs. Ia	st birthday) YRS.	IF UNDER 1 YE	AR IF UNDER :	2404	Month, Deg Dec.	IRTH	1931	6. BIRTHE Country New	York,	r Foreign
5	HOLO	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEA							H			gome	ATH	
900	PILL	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY Virginia Loudo				town on L	OCATION					ŀ	10d. INSIDE C LIMITS? 1 YES 2	
- ACCOUNT	ביי	10. STREET AND NUMBER 215 West Ash Road					Sterli		0164			S. of	A.	7
2		11. MARITAL STATUS 1 Never Merried 2 Married 3 Wildowed 4 Divorced	12. WAS DECEOENT EV FORCES? XXX IF YES, GIVE WAR C	YES 2	RMED NO	If ye	DECENOENT OF s, specify Cuban YES 2 NO				or No—	Specify	- American in White, atc.	ndlen,
Cara		15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)		(C)	ive kind of w Do NOT us	usual occu ork done durin retired.)	g most of working				ment	USTRY		
at once.		17. FATHER'S NAME (First, Middle, Last) John Cievello	· · · · · · · · · · · · · · · · · · ·			-8	18. MOTH		(First, Middle t Arm	, Meiden	Sumame)	COMP	ally	
be notified		19a. INFORMANT'S NAME (Type/Print) Charles Robbins				AOORESS (St 18 #10	rest and Number o	or Rural Rou	te Number, C	ity or Tow	n, State, Zip	Code)		
must	!	20a. METHOD OF DISPOSITION XIX Burlai 2 Cremation 3 Ramoval from Stata 4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place) Arlington National Cemeter						eter	DATE y 6–8		cation — c Arlin			
examiner		21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Loudoun Funeral Chapel P.O. Box 1316 Leesburg, Virginia 22075							5					
nt, the medical		23. PART I. Enter the diseases, or complicatione that ceused the deeth. Do not enter the mode of dying, such as cerdiac or reepiratory errest, interval Batween Onset and Death of Sease or condition a. Cardiovascular Disease								Between				
other traumatic event, the		DUE TO (OR AS A CONSEQUENCE OF): Diabetes Mellitus DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):												
		If any, leading to Immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST												
3 0	1	PART ii. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS								FINDINGS				
hows										PERFOR			AVAILABLE PRICOMPLETION OF DEATH?	F CAUSE
Item 2			HOSPITAL:			OTHER:	8. PLACE OF OE							
marked, or item 23 s BY PHYSICIAN:	- 10	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	1 Inpatient 2 X ER/	RY	26b. TIME	OF 280	Home 5 Resi	20	Other (Spe		YJURY OCC	URED		
28 is		3 Suicide 6 Could not be datermined	28a. PLACE OF INJ building, atc. (URY — At ho Specify)	me, farm, at	reet, factory,	office	26	Bf. LOCATION City or Tox		nd Number	or Rural Ro	ute Number,	
의 교		29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC 2 MEDICAL EXAMINER	IAN: To the best of my k										and manner a	a stated.
TO BE COM		296. SIGNATURE AND TITLE OF CERTIFIER	- Bri	146-5	>		29c. LICEN	SE NUMBE	5-1	6			Month, Day, Yes 4, 199	
1		John Tauber, M.D	. 8218	Wisc	M 27) (Type, Onsir	Print) Ave.	, Suite	318	, Betl	nesd	a, Mc			

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within and local teach. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Oept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND N
REGISTRAR	CERTIFICATE OF DEATH

	FOR STATE REGISTRAR	STATE OF M	ARYLAND / D	PEPAR	TMENT	OF H	EALTH DEAT	AND N	MENT	AL HYGIENI REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)	R.	ICKETTS			JR.			MOR	TE OF DEATH DA		YEAR G4	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last b	irthday)	IF UNDER		IF UNDER	24 HRS.	7 DAT	TE OF BURTH		a. BIRTH	PLACE (State or Foreign
	213-09-9085	1 💢 M 2 🗆 F	77	YRS.	MONTHS	DAY8	HOURS	Uns MIN. July 8,		$1y^{ ext{Day}}, y^{ ext{bear}}, 1y^{ ext{pear}}$	916	Mai	ryland
	9a. FACILITY NAME (If not institution, give street and number)				9b. CITY,	TOWN C	R LOCATIO	N OF DE				NTY OF DI	EATH
0 B	UNION MEMORIAL HOSPITAL				BAL	TIMO	DRE C	ITY			_		
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	,	-	10c, CIT	Y, TOWN O	R LOCAT	ION						10d. INSIDE CITY
HIG	Maryland			Baltimore						LIMITS?			
AL	10e. STREET AND NUMBER								10g. CIT	IZEN OF W	THAT COUNTRY?		
FUNERAL	3905 Southern Av	_		21206 U.S.A.					Α.				
J.	11. MARITAL STATUS 1 Never Merried 2 Married	FORCES? 1	EVER IN U.S. ARME	ED						GIN? (Specify Yea to Rican, atc.)	or No-	14. RACE Black	- American Indian, , White, atc.
В	3 Widowed 4 Divorced	IF YES, GIVE WI			1	_ YES	2. NO	Specify:	:			Spech W1	y: nite
ED	15. DECEDENT'S EDUC (Specify only highest grade	CATION	18a. DECE	DENT'S	USUAL OC	CUPATIO	N .	_	1	6b. KIND OF BUS	INESS/INE		
LEI I	Elementary/Secondary (0-12)	College (1-4 or 5+)	His D	o NOT us	se retired.)	runny mo	SE OF WORKIN	9					
COMPLETED	N/A 17. FATHER'S NAME (First, Middle, Last)	N/A	P	oli	cemar	1		_		Spar		Poir	nt
	Harry E. Ricketts	a Cr					18. MOTH			t, Middle, Maiden S • McDan			
BE	19a. INFORMANT'S NAME (Type/Print)	5 51.	19b. I	MAILING	ADDRESS	(Street a	nd Number			mcDall imber, City or Town		Godel .	
2	Bertha Ricketts	(Wife)								ltimore			206
	20a, METHOD OF DISPOSITION 1 X Burial 2 Cremation 3 Rame	oval from Stata	20b. PLACE AN	D DATE	OF DISPOS				1			City or To	
1	4 Donatton 5 Other (Specify)		Parkwo		Cemet				6	/13 Ba	1tim	ore,	Maryland
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		7			munel			al Home			
	Clique	1. 6	its	_	3	3331	Breb	nms 1	Lan	e, Balt	imor	e, Mo	1. 21213
	23. PART i. Enter the disesses, or cahock, or heart failure.	compilcations that List only one caus	caused tha deat se on each line.	h. Do r	not enter	tha mo	de of dyl	ng, such	as Ca	ardisc or reapir	ratory an	rest,	Approximate interval Between
	iMMEDIATE CAUSE (Final disease or condition	, CE.	ATIC CI	140	v 0								Onset and Death
	resulting in death) s. SEPTIC SH				HOCK DUE TO PNEUMONIA						3 days		
NO	Sequentially list conditions, Due to (or as a consequence of): Sequentially list conditions, Due to (or as a consequence of): Due to (or as a consequence of): ACUTE RENAL FAILURE Due to (or as a consequence of):												
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING OFCILEPENT ASPIRATION PNEUMONIAS MONTH.							months					
Ĕ	CAUSE (Disease or Injury that initiated events												
Ä	reaulting in death) LAST	. CHRO	NIC OB	ST	RUCI	TIVE	AU	RWA	44	DISER	75E		Years
	PART ii. Other significant condition				in the un	derlying	cause g	ivan In F	Part i.			24b.	WERE AUTOPSY FINDINGS
DIC/	SEVER	DEHYL	DRATION)						PERFORI			AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ME	DID TODA CCO LICE										.,		1 - YES 2 - NO
PHYSICIAN: MEDICAL	DID TOBACCO USE (25. WAS CASE REFERRED TO MEDICAL	ONIKIBUTE	TO CAUSE	: OF	DEAT			NO					
Sici	EXAMINER?	HOSPITAL:	ER/Outpatient 3	1004	OTHER	t:	ACE OF DE						
H	27. MANNER OF DEATH	28a. DATE OF	INJURY :	26b. TIM	E OF	28c. INJ	URY AT	eldenca (her (Specify)	JURY OC	CURED	
ВУ Р	1 Natural 5 Pending 2 Accident triveatigation	(Month, Da	ly, 1687)	INJ	M M		RK? 'ES 2	NO					
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF building, a	INJURY — At home itc. (Specify)	, farm, :	street, tacto	ory, office	•		28t. LC	OCATION (Street at ity or Town, State)	nd Number	or Rural R	oute Number,
E	29e. CERTIFIER	CIAN. To the heat of		-11	United to	- 12						_	
3 Suicide 8 Could not be detarmined building, atc. (Specify) at norme, term, street, factory, ornce 2att. LOCATION (Street and Number or Ru City or Town, State) 29e. CERTIFIER (Check only orne) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) end manner as stated.							ne cause(s	end manner as stated.					
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER		le.	1	3, 1		29c. LtCE				29d. DAT	E SIGNED	(Month, Day, Year)
0	20 NAME AND ADDRESS OF BERSON WAY	O,M)	Suzam		Ph. 1					-64 Fi			
	SUZANNE ABDO, N	10 201	EAST U	NIV	PK	wy	, BF	PLTI	mo	RE, MI	0 2	1218	?
	JUN 1 4 1994	Julia De	S SIGNATURE	L. M									
	1111		. 4						_				DMMM.18 Pay 1/80

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Approximate

Onset and Death

REG. NO.

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH CLARA ROGERS CLARA CYNTHIA ROGERS 06 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 235-34-5709 1 M 2 X F 03-09-1919 West Virginia Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 95 CITY TOWN OR LOCATION OF GEATH SC COUNTY OF DEATH Johns Hopkins Bayview Medical Center DIRECTOR Baltimore City 10b. COUNT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Baltimore, City Maryland 1 X YES 2 | NO Dermit. FUNERAL 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE United States 21222 be detached for use as the burial-transit 6546 Riverview Avenue retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 21/100 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Maxican, Puerto Rican, etc.)
1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 FORCES? 1 YES 2 YNO 1 Never Married 2 Married Specify: BY 3 K Widowed 4 Divorced ETED 15. DECEDENT'S EQUICATION 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KINO OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) COMPL Western Electric 6th Grade Assembler 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) 76 Violet Susan McLaughlin James McAvou funeral director, page 5 should notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 0 6546 Riverview Avenue Baltimore, Maryland Patricia Ann McAvoy after death. Page 6 may be pe 20s. METHOD OF CISPOSITION

1 Durisi 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION — City or Town, State must Hilltop Service Corp. 6/14/94 Towson, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY Duda-Ruck Funeral Home of Dundalk, Inc. 23. PART I. Enter the diseases, or complications that coursed the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or heart failure. List only one cause on each lina. 7922 Wise Ave. Dundalk, MD 21222 signed by the attending physician and completely mied in by the Health and Mental Hygiene prior to burial, cremation, or removal. the medical IMMEDIATE CAUSE (Final disease or condition resulting in death) CONGESTIVE HEART FAILURE
DUE TO (OR AS A CONSCOUENCE OF): event, DIVISION OF VITAL RECORDS, P.O. BOX 68760, DUE TO (OR AS A CONSEQUENCE OF): traumatic CERTIFICATION Sequentially list conditions. if any, leading to immediate DUE TO (OR AS A CONSCOURCE OF) ceuse. Enter UNDERLYING DISTAGE CAUSE (Disease or Injury that initiated eventa reaulting in death) LAST PART II. Other algnificent conditions contributing to death but not resulting in the underlying ceuse given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMEO? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE shows any ALEXTHMIA 1 YES 2 | NO OF DEATH? 1 TYES 2 NO has be Dept. . PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) OR ATTENDING PHYSICIAN: The State certificate 1 YES 2 NO OTHER: Inpatient 2 - ER/Outpatient 3 - DOA 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 10 the th 27. MANNER OF DEATH 28s. OATE OF INJURY 28c. INJURY AT WORK? this c 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Netural 2 Accident 5 Pending investigation M 1 YES 2 NO BY After 28a. PLACE OF INJURY — At home, farm, street, factory, offica building, stc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28 is 6 Could not be determined COMPLETED DIRECTOR: / 4 Homicide FUNERAL Dh. within 72 hours. 29a. CERTIFIER
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IMPORTANT: II 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated, 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) BE Waa Kamp Us 94010 00/11/94 2 30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) JOHNS HOPKINS BANVIEW MEdICAL LENGUE BATTIME, MD MATT KANGF MYD A 32. REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year) JUN 14 1994 Juli Sanden-Rander

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME /First, Middle, Last. 2. DATE OF DEATH June 12, 1994 Willard E Robb 4. SOCIAL SECURITY NUMBER 6. AGE (In yes, likel birthday) 7. DATE OF BIRTH (Morth, Day West) 06-24-23 IF UNDER 1 TEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Fo tQ#1 F washington, DC Pages 1, 2, 3 should No. CITY, TOWN OR LOCATION OF DEATH Se. COUNTY OF DEATH DIRECTOR Hearne Court, #803 Annapolis Anne Arundel RESIDENCE OF DECEDENT 10s. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 1 X YES 2 NO Dermit. FUNERAL 104 STREET AND NUM er. VP cool burial-transit 30 Hearne Court #803 21401 USA death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Married If yes, specify Cuben, Maxican, Puerto Rican, etc.) 1 TES 2 NO Specify: BY 3 ₩Idowed 4 Divorced Specify: White use as the WWII COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) 15. DECEDENT'S EDUCATION pecify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY detached for Elementary/Secondary (0-12) College (1-4 or 5+) Butcher Grocery 8 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Willard Elmore Robb Sr. funeral director, page 5 should be Mary Victoria Douglas BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Faye Robb Adams Crownsville Road, 1726 Annapolis, MD 21401 pe 20a. METHOD OF DISPOSITION
15 Surfat 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE must Wood field <u>Cemetery</u> 6/16 Galesville, MD examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Hardesty Funeral Home, P.A. Mones 12 Ridgely Ave. Annapolis, MD 21401 the state after 4 medicai 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory errest, in by ahock, or heart feilure. List only ceuse on each Interval Between 6 Onset and Death IMMEDIATE CAUSE (Final the disease or condition resulting in death) traumatic event, DIVISION OF VITAL RECORDS, P.O. BOX 68760, DUE-TO (OR AS A PONSEQUENCE OF 500 bunal, 0 CERTIFICATION and Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury prior to the attending physician Mental Hygiene prior to or other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS signed by t Health and 7 D04 PERFORMED AVAILABLE PRIOR TO any COMPLETION DF CAUSE OF DEATH? 1 YES TO NO Shows Ques 1 YES 2 NO been s PHYSICIAN: has be Dept. OR ATTENDING PHYSICIAN: The law 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) this certificate h HOSPITAL 1 YES NO ☐ Inpetient 2 ☐ ER/Outpatient 3 ☐ DOA 4 Nursing Home 5 Rasidence 6 C Other (Specify) 10 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Natural 5 Pending Investigation 1 YES 2 NO BY After the 2 Accident 28a. PLACE OF INJURY — At home, term, street, fectory, office building, stc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town State) 3 Sulcide DIRECTOR: A hours after de item 28 is 8 Could not be COMPLETED 4 Homicide CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and pleca, and due to the cause(a) and manner as stated. TO THE FUNERAL (De filed within 72 h HOSPITAL On the beals of examination and/or investigation, in my opinion, death occured at the time 296 SIGNATURE AND TITLE OF CERTIFIE 29d. DATE/SIGNED (Month, Day BE 班 2 2 31. DATE FILED 32 MEGISTRAB'S SIGNATURE

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160, BAL IIMORE, MARYLAND 21215-0020	ted within ours after death. Page 6 may be retained by the hospital or attending physician.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	event, the medical examiner must be notified at once.
DIVISION OF VILAL RECORDS, P.O. BOX 68/60,	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within ours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH	3. TIME OF DEATH		
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		A - MOA	UNDER 1 YEAR IF UNDER 24 HRS. THE DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRTHPLACE (State or Foreign Country)		
	216-20-5198 1 1 M 2 D F	6 + YRS.		08/07/26	Maryland		
DIRECTOR	98. FACILITY NAME (If not institution, give street and number) HARBOR HOSPITAL CENTER BALTIMORE CITY NA RESIDENCE OF DECEMENT						
EC.	10a. STATE 10b. COUNTY		WN OR LOCATION		10d. INSIDE CITY		
	Maryland NA	Balti	more (Brook	lyn)	1)(1)(YES 2 NO		
FUNERAL	100. STREET AND NUMBER 603 Washburn Avenue,		101. ZIP CODE 21225	10g.	USA		
N	11. MARITAL STATUS 12. WAS DECEDENT EVE FORCES? 1) Y			ANIC ORIGIN? (Specify Yea or No	14. RACE — American Indian, Black, White, etc.		
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E	(Specify only highest grade completed) Elementary/Secondery (0-12) College (1-4 or 5+)	(Give kind of work life. Do NOT use rel	done during most of working	TOOL KIND OF BUSINESS	//NDOSTRI		
MPL	8th Grade	Mach	inist	Factor	y		
COMPLETED	17. FATHER'S NAME (First, Middle, Last) Charles Ra	ındle		AME (First, Middle, Maiden Surnar			
BE			Mae	Knight	Randle		
10	Mrs. Lorrine M. Randle	603 Wa	shburn Ave.,	Baltimore, Ma	ryland 21225		
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	The state of the s	E. Ecker	22. NAME AND ADDRESS OF F	ACILITY			
	1 1/2		237 F. Patan	ral Home of B	timore, Md. 21225		
	23. PART i. Egter the diseases, or complications that cau	sad the deeth. Do not			y arrest, Approximate		
	ehock, or heart failure. List only one cause of iMMEDIATE CAUSE (Final disease or condition		ا م		Interval Between Onset end Desth		
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NO	disease or condition resulting in death) s. Hemoptisco (massive) 5 min DUE TO (OR AS A CONSEQUENCE OF): b. Weltastatia disease DUE TO (OR AS A CONSEQUENCE OF):						
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Š	one) 2 MEDICAL EXAMINER: On the basic of examin						
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	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF	DEATH (ITEM 27) (Type, Prin	1)				
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Pin	4. SOCIAL SECURITY NUMBER 240-32-80	139 1 DM 2 /	- 1	YRS. MONTHS	R t YEAR F UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	15	BIRTNPLACE (State or Foreign Country)
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9 8 0	BEATNICE	MORGAL	196.	204/2	S (Street and Number or Rural MT. ROVAL	Route Number, City or TENARCE	own, State, Zip Co BA-C	60) 21219 10. MD.
ALTIMORE, death. Page 6 may be funeral director, page examiner must be	20 METHOD OF DISPOSITION 1 Burlel 2 Cremation 4 Donation 5 Other (Sp	3 Removal from State (colly)	20b. PLACE AI	nd DATE OF DISPO	LCEH. 6+	2-94 8	HILEY	Or Town, State
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760 de with cours ompletely filled in bal, cremation, or rer event, the medi	23. PART I. Enter the dise shock, or have IMMEDIATE CAUSE (Final disease or condition resulting in death)	t fallure. List only ons	n that csused the dea a cause on sech line.	Tele	r the mode of dying, suc	ch ea cardiec or re	apiratory arree	Approximate Interval Batween Onset and Daath
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C 25000-001	III I NITUTNI 3 Per	(Mo	TE OF INJURY nth, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. OESCRIBE NO	W INJURY OCCUR	EO
ATTENDI ATTENDI ECTOR: A s after d n 28 is	3 Suicide 6 Co	uld not be bull bull	ACE OF INJURY — At home ding, atc. (Specify)	ne, farm, atreet, fac	ctory, office	28t. LOCATION (Stre- City or Town, Sta	et and Number or ite)	Rural Route Number,
Z = 3 E E	29e. CERTIFIER (Check only one) 2 MEDICA				time, date end place, and dur opinion, death occured at the			euse(a) and manner ea stated.
TO THE HOSPITAL TO THE FUNERAL Be filed within 72 IMPORTANT: If	290. SIGNATORE AND THEE OF	CERTIFIER			29c LICENSE NU	MBER 94	29d. DATE S	IGNED (Morry), Day, Year)

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: 68760 BALTIMORE, MARYLAND 21215-0020 executed with mours after death. Page 6 may be retained by the hospital or attending physician.

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DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. Thours after death. Page 6 may be retained by the hospital or attending physicia	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-t	. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF OEATH 3. TIME OF DEATH SAROT YEAR MURIEL 610A Ole 4. SOCIAL SECURITY NUMBER 5 SEY 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. 83 1 M 2 XF UNKNOWN July 8, . Virginia 1910 9s. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Northwest Hospital Center Randallstown Baltimore RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland unknown unknown 1 YES 2 NO FUNERAL 10e, STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? unknown unknown United States 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2 NO If yea, specify Cuban, Maxican, Puarto Rican, etc.) 1 Never Married 2 Married 1 YES 2 NO Specify: BY 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KINO OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) 11th grade Homemaker 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Meiden Surname) Morgan Haynie Sadie V. Marsh **BE** notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Llewlyn Haynie Washington, D. Pe 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, Stata must 1 Buriel 2 Cremation 3 🖸 Removal from State 4 Donation 5 Dother (Specify) Cemetery, cremetory or other place)
Lebanon Baptist Ch. Cemetery Lively, Virginia 21. BIGHATURE OF PUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY Loring Byers Funeral Directors, Inc. 8728 Liberty Road Randallstown, MD 21133 23. PART | Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Intarval Between IMMEDIATE CAUSE (Final Onset and Daath disease or condition_ DEMENTIA reaulting in death) MANY YOARS event, DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequantially list conditiona, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated evants resulting in death) LAST 10 injury, PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 24s. WAS AN AUTOPSY PERFORMED? MEDICAL ARTERIO Sel- Rotic Candio Vas cular 23 shows any 1 TYES 2 THING 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) Item EXAMINER? HOSPITAC:
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MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 290 SHOWATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) B 06.08.94 40491 2 PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within and hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours are death with the State Dept of Mental Hygiene prior principles or removal. Or removal.

	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.						
1	1. DECEOENT'S NAME (First, Middle, Last)	NA Short		2. DATE OF GEATH MONTH DAY	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER		F UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH 8.	BIRTHPLACE (State or Foreign		
	771 JOY 2011	YRS.	ONTHS DAYS HOURS MIN.	Sept. 14,1920	N. C.		
E E	9a. FACILITY NAME (If not institution, give stre	est and number)	b. CITY TOWN OR LOCATION OF DEA	ATH 9c. COUNTY	OF OEATH		
2	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	100 0000	10/4/1/more	0119			
DIRECTOR	maryland	6	TOWN OR LOCATION		10d. INSIDE CITY LIMITS? 1 PYES 2 NO		
JAL	10a. STREET AND NUMBER	+ D/n	101. ZIP CODE	10g. CITIZEN	OF WHAT COUNTRY?		
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S. ARMED	13. WAS DECENDENT OF HISPANI	C ORIGIN2 (Specify Yea or No. 14	RACE — American Indian,		
BY FI	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES 2 NO IF YES, GIVE WAR OR OATES	If yes, specify Cuben, Maxican 1 TES 2 THO Specify:	, Puarto Rican, atc.)	Black, White, atc.		
ED B	15. OECEDENT'S EQUCA		SUAL OCCUPATION	165. KIND OF BUSINESS/INDUS	5/14cK		
LET	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+) (Give kind of work life, Do/NOT use in	k done during most of working etired.)	E#			
COMPLET	17. FATHER'S NAME (First, Middle, Last)	<u> </u>	MACE OF THE STATE	IE (First, Mickelle, Maidon Sarahmu)			
5 111	(Joseph (OAddy	(9115	sie DRy	ant		
TO BE	194. INFORMANT'S NAME (Type/Print)	196. MAILING AC	DORESS (Street and Number or Rural Ru	oute Nymber City or Rwn, State 26 Co	dei		
	204. METHOD OF DISPOSITION	20b. PLACE AND DATE OF	DISPOSITION (Name of	DATE 201. LOGATION - CITY	or Town State		
III DE	1 Burial 2 Cremation 3 Ramov 4 Donation 5 Other (Specify)	val from State semantly, of many or comment	13 member	1/1 BAIR.	Co. mot		
examilier	21. SEMATURE OF FUNERAL SERVICE LICE	MSEE	22 NAME AND ADDRESS OF FACE	JUSS FUNET	Al Home		
	Yoseph J.	· KUSS	2332 W, No	th Ave BAIX.	md. 21216		
	anock, or heert fellure. Li	omplications that caused the death. Do not ist only one cause on each line.	enter the mode of dying, auch	ee cerdlec or reepiratory erreat	interval Between		
1	iMMEDIATE CAUSE (Final disease or condition resulting in deeth)	Acute Myoca	rdiel The	an tron	Onset and Death		
		DUE TO (OR AS A CONSEQUENCE OF):	+: 00 0	scular Ossias			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONSEQUENCE OF):	oric arecard	scor asus	2		
S	cause. Enter UNDERLYING CAUSE (Diseese or injury	1 diaptes m	llitus				
RTIFI	thet initieted events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF):					
	PART ii. Other eignificent conditions	contributing to deeth but not recuiting in	the underlying source street in 5				
	Charie (Obstactive Radia	the underlying ceuse given in F	PERFORMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE		
: MEDIC	Metostat	Te Breast Coicins	wa	1 🗆 YES 2 DENIO	OF OEATH?		
AN:		CONTRIBUTE TO CAUSE OF I					
SICI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 70	HOSPITAL: O	26. PLACE OF DEATH (Chec				
PHYSICIAN:	27. MANNER OF OEATH	26a. DATE OF INJURY 28b. TIME O (Month, Day, Year) INJUR	OF 28c. INJURY AT	28d. DESCRIBE HOW INJURY OCCUR	ED		
B	1 Natural 5 Pending 2 Accident Investigation	28a. PLACE OF INJURY — At home, farm, stre	M 1 YES 2 NO				
COMPLETED	3 Suicide 8 Could not be 4 Homicide detarmined	building, etc. (Specify)	et, tactory, offica	28t. LOCATION (Street and Number or I City or Town, State)	Rural Route Number,		
PLE	29a. CERTIFIER (Check only	IAN: To the best of my knowledge, death occurred a	at the time, data and place, end due t	o the cause(a) and menner as stated.			
D BE COMPLE	one) 2 MEDICAL EXAMINER:	On the basis of examination and/or investigation, i	In my opinion, death occured at the ti	ime, date and place, and due to the co	ause(a) end manner as stated.		
BE	29b. SIGNATURE AND TITLE OF CERTIFIER.	De 1000	29c. LICENSE NUM	BER 29d. OATE SI	GNED (Month, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETEO CAUSE OF DEATH (ITEM 27) (Type, Pri	- JO!	730 6	10-44		
	MARVIN J. FEL	DMAN, M.D. 301 ST	T. PAUL D. #4	07 BALTOMD	21202		
	JUN 1 4 1994	32. REGISTRAR'S SIGNATURE Julia Savidson Rando M.					
	7 T 1234	- www. dann- handall					



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be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.								
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH MONTHLUNE DAY VEAR 2. TIME OF DEATH					
	Lila Ma	ary Strat		8,	1994 12:18 A M				
	214-20-5257 1 _{1 M 2}	XF 73 YRS. MONTHS	DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 12-6-1920	B. BIRTNPLACE (State or Foreign Country) S . C .				
OC.	9a. FACILITY NAME (If not institution, give street and number Md General Hospita		, town or location of de. a 1 t o	ATN 9c.	COUNTY OF DEATH				
210	RESIDENCE OF DECEDENT								
DIRECTOR	10a. STATE 10b. COUNTY	Balto	OR LOCATION		10d. INSIDE CITY LIMITS?				
	10e. STREET AND NUMBER		101. ZIP COOE	100	1 YES 2 NO				
FUNERAL	555 Presstman Stree	et	2121		U S A				
I S	11. MARITAL STATUS 12. WAS DEC		WAS DECENDENT OF HISPANI II yes, specify Cuban, Maxican		o 14. RACE - American Indian, Black, White, atc.				
BY		HVE WAR OR DATES	1 YES 2 NO Specify:		Specify: Black				
ED	15. OECEDENT'S EQUICATION (Specify only highest grade completed)	16e. OECEDENT'S USUAL O		16b. KIND OF BUSINES					
9	Elementary/Secondary (0-12) College (1-4	life. Do NOT use retired.)	ered Nurse						
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			AE (First, Middle, Maiden Surna	imal				
BE C	Moses Mance		Carrie	Anderson					
TO B	19a. INFORMANT'S NAME (Type/Print) Felicha Sinclair		\$ (Street and Number or Rural R						
-					e, N. C. 28306				
	、20a. METNOD OF DISPOSITION AIA Burial 2 □ Cremetion 3 □ Ramoval from Stat 4 □ Donation 5 □ Other (Specify)	20b. PLACE AND DATE OF DISPO cemetery, crematory or other place Garrison For			ON - City or Town, State				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	22.	NAME AND ADDRESS OF FAC	CILITY	,5 ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	Marone Hie		arch F/H West 4300 Wabash	t Avenue Bal	to Md 21215				
	23. PART I. Efter the diseases, or complications shock, or heart fellure. List only one	a that caused the death. Do not ante-			y arrest, Approximata				
	IMMEDIATE CAUSE (Final		1 1		Intarval Batween Onset and Daath				
	disease or condition probable septic shock 1 hour								
-	OUE TO (OR AS A CONSEQUENCE OF):								
O.	Sequentially list conditions, If any, leading to immediate b. DUE TO (OR AS A CONSEQUENCE OF):								
S	CAUSE (Disease or injury	JE TO (OR AS A CONSEQUENCE OF):							
CERTIFICATION	that initiated eventa resulting in death) LAST	e to (on as a consequence or).							
	PART II. Other significant conditions contributing	ng to death but not resulting in the u	deriving cause given in i	Part I. 24e. WAS AN AUTO	PSY 24b. WERE AUTOPSY FINDINGS				
ICAL	history of cerebro			W/O PERFORMEO	? AMAILABLE PRIOR TO COMPLETION OF CAUSE				
MEDIC				1 VES 250 N	OF DEATH?				
ä									
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?								
HYS		t 2 ER/Outpatient 3 DOA 4 Nu TE OF INJURY 28b, TIME OF	28c. INJURY AT	6 Other (Specify) 28d, DESCRIBE NOW INJUR	Y OCCURED				
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	orith, Day, Year) INJURY M	WORK? 1 YES 2 NO						
	3 Suicide 6 Could not be 26e. PLA	ACE OF INJURY — At home, term, street, faciliding, atc. (Specify)	tory, office	261. LOCATION (Street and Nu City or Town, State)	umber or Rural Route Number,				
COMPLETE	4 Homicide determined								
MPL	(Check only 1 CERTIFYING PHYSICIAN: To the be	est of my knowledge, death occurred at the a of examination and/or investigation, in my							
	29b. SIGNATURE AND TITLE OF CERTIFIER	To the state of th	29c. LICENSE NUM						
BE	I Gendelman	miD.	00010	▶	DATE SIGNED (Month, Day, Year)				
유	30. NAME AND ADDRESS OF PERSON WHO COMPLETED Inna Gendelsman, M	CAUSE OF OEATH (ITEM 27) (Type, Print)	and General	Hospital					
	24 DATE Ell ED (Month On Mar)	1070 1010 01011							
	31. DATE FILED (Month), Day Year) 32. REGISTRAR'S SIGNATURE The Deviden Rendere								

	BALTIMORE, MARYLAND 21215-0020	retained by the hoopital or attending and pariety
	BALTIMORE,	A hours after death Page & may be
0	DIVISION OF VITAL RECORDS, P.O. BOX 68760,	MODITALION STEENING PHYCICIAN: The law remines that the death neutlicate he executed within 2s hours after death. Dans 6 may he restained by the bosonies of an executed within 2s hours after death. Dans 6 may he restained by the bosonies of an executed within 2s hours after death.

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E	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
STRAR	CERTIFICATE OF DEATH	REG. NO.

	1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.									
	1. DECEDENT'S NAME (First, Middle, Last)	The Control of the Co								
	Walter J.	Stanislawski Sr. Ob 13 94						3. TIME OF DEATH		
		SEX 6. AGE (In y				. DATE OF BIRTH (Month, Day, Year)		THPLACE (State or Foreign intry)		
	213 10 4302	12 M 2 □ F 78	YRS.	NTHS DAYS HOUR		Oct. 6, 1	915 M	aryland		
m	9a. FACILITY NAME (If not institution, give street	ŕ		CITY, TOWN OR LOC	ATION OF DEAT	Н	9c. COUNTY OF	DEATH		
DIRECTOR	University of Mary	land Med. Sy	stems E	altimore						
ĬĘ.	10a. STATE 10b. COUNTY		10c. CITY, To	OWN OR LOCATION				10d. INSIDE CITY		
0	Maryland Baltim	ore	Balt	imore				LIMITS?		
AL	10e. STREET AND NUMBER			10f. ZIP C	ODE		10g. CITIZEN OF	WHAT COUNTRY?		
FUNERAL	15 Juliet Lane, Un	it 304		212	36		U.S.A			
5		. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2		13. WAS DECENDEN	OF HISPANIC	ORIGIN? (Specify Yes	or No.— 14. RA	CE — American Indian, ack, White, etc.		
ВУ	1 Never Married 2 Married 3 Widowed 4 X Divorced	IF YES, GIVE WAR OR DATE:		1 TYES 2 X		Puarlo Rican, etc.)		active		
								White		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade com	opleted)	a. DECEDENT'S USI (Give kind of work life. Do NOT use re	done during most of wo	rking	16b. KIND OF BUS	SINESS/INDUSTRY			
7	Elementary/Secondary (0-12) CN/AN/	ollege (1-4 or 5+) Δ		50.5	or Cor	Polts	mama C	as & Electric		
M	17. FATHER'S NAME (First, Middle, Last)	A	Supervis			(First, Middle, Maiden		as a Electric		
	Walter Stanislawsk	1				e Blanche				
BE	19a, INFORMANT'S NAME (Type/Print)	.1	105 MAILING AD	DRESS (Street and Num				-		
6	Walter J. Stanisla	wski. Ir (So						4 21200		
	20a. METHOD OF DISPOSITION			ISPOSITION (Name of	TE ROA		CATION - City or			
	1 X Buriel 2 Cremation 3 Removal	from State	crematory or other	y Cemeter	v			Maryland		
	21. SIGNATURE OF FUNCTION, SERVICE LICENS			22. NAME AND ADD			cimore,	Haryland		
	> //ni	Time				ral Homes				
	23. PART I. Enter the diseases, or other	nicetions that savend th	a deeth De eet	9705 Be1	air Ro	ad, Balti	more, Mo			
	shock, or heart tapere List	only Dne ceuse Dn eech	iine.	enter the mode of	aying, auen a	a cardiac or respi	ratory arrest,	Approximate interval Between		
	IMMEDIATE CAUSE (Fine) Onset and Deeth disease or condition									
	disease or condition resulting in death) e. Intracerebral Henatoma DUE TO (OR AS A CONSEQUENCE OF):									
_										
2	Sequentielly list conditions, If any, leeding to Immediate DUE TO (OR AS A CONSEQUENCE OF):									
CA	cause. Enter UNDERLYING CAUSE (Disease Dr injury									
	that initiated events resulting in death) LAST	DUE TO (OR AS A CO	INSEQUENCE OF):							
CERTIFICATION	d									
_	PART ii. Other significent conditions co	ontributing to death but i	not resulting in t	he underlying ceus	e given in Pa	rt I. 24a. WAS AN	AUTOPSY 2	46. WERE AUTOPSY FINDINGS		
S						PERFOR	-11-2	AVAILABLE PRIOR TO COMPLETION OF CAUSE		
						_ 1 YES 2	□ NO	OF DEATH?		
2						-		1 YES 2 NO		
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			28. PLACE OF	DEATH (Check	only one)				
Sic		OSPITAL: Inpatient 2 ER/Outpatie		THER: Nursing Home 5	Rasidence 8	Other (Specify)				
ξ	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	F 28c. INJURY AT		d. DESCRIBE HOW I	NJURY OCCURED			
BY	1 Natural 5 Pending 2 Accident Investigation	(month, boy, roar)	INDON	M 1 YES 2	□ NO					
ED E	3 Suicide 8 Could not be	28a. PLACE OF INJURY — building, atc. (Specify)	At home, farm, stree	it, factory, offica	21	Bf. LOCATION (Street a City or Town, State)	and Number or Rura	Il Route Number,		
	4 Homicide detarmined									
P		: To the best of my knowledg	e, death occurred a	t the time, data and pla	ica, and dua to	the cause(a) and mar	nner as stated.			
COMPLET	one) 2 MEDICAL EXAMINER: O	n the beals of examination an	d/or investigation, in	my opinion, death oc	cured at the tim	e, data and place, an	d due to the cause	e(a) and menner as stated.		
BE C	296 SIGNATURE AND TITLE OF CERTIFIER	R	Jenosw	5-ery 29c. L	ICENSE NUMBE	R	29d. DATE SIGN	ED (Month, Pay, Year)		
	Denos Id. Sin	my my	Resid	ent 41	4M5-1	226	D 4/	13/94		
To NAME AND ADDRESS OF PERSON WHO COMPLETED CAOSE OF DEATH (ITEM 27) (Type, Print)										
1	BYRON H. SIMMONS. M.D. 22 S. Greene Street, Baltimore, MD 213									
		NS. M.D. 3	22 5,	Greene	Stv-	eet Bal	timove,1	MO 21201		
	BYRON H. SIMME 31. DATE FILED (MOTER), Day, MACI.	US M.D.		Greene	Stv-	eet, Bal	timove	MO 21201		



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DS, P.O. BOX 68760BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within ex hours after death. Page 6 may be retained by the hospital or attending physician.
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to bunial, cremati
IMPORTANT If here 28 is marked or liver 23 shows any fullury, or other traumatic event, the medical examiner must be notified at once

FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
REGISTRAR	CERTIFICATE OF DEATH	REG NO

	REGISTRAR CERTIFICATE OF DEATH REG. NO.								
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH			TIME OF DEATH
	EDWIN W. STRAUB MONTH 12 94 FAR							YEAR	3:15 a w
1 1	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH			CE (State or Foreign
1 1	Section of the Control of the Contro			MONTHS DAYS	HOURS MIN.	(Month, 1.9		Country)	
1 1	213-10-5470	- J	O YRS.			_	1903	Mary	
	9a. FACILITY NAME (If not institution, give str	eet and number)		9b. CITY, TOWN	OR LOCATION OF DE	НТА	9c. COUNT	Y OF DEATH	н
18	SAINT JOSEPH	HOSPITAL		TOWS	ON, Mar	vland	Bal	timo	ore
151	RESIDENCE OF DECEDENT								
DIRECTOR	10e. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCA	TION			100	I. INSIDE CITY
	Maryland B	altimore		Perry Ha	11			1 [YES 2 XX NO
4	10a. STREET AND NUMBER			10	1. ZIP CODE		10g. CITIZE	N OF WHAT	T COUNTRY?
FUNERAL	4505 Sandra Lake	Road			21128		11	S. A.	
Z	11, MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED	13 WAS DE		IC ORIGIN? (Specify Yes			American Indian.
	1 Never Married 2 Married	FORCES? 1 YES	2 X NO	If yea, a	pecify Cuban, Maxica	n, Puarto Rican, etc.)	101110-	Black, W	hite, aic.
☆	3 X Widowed 4 Divorced	IF YES, GIVE WAR OR I	DATES	1 U YE	S 2 X NO Specify			Specify:	LTb i to
9	15. DECEDENT'S EDUC	ATION	16- DECEDENTIE	USUAL OCCUPAT	ON	16b. KIND OF BU	1	0.704	White
	(Specify only highest grade of	completed)	(Give kind of life. Do NOT u.	work done during m	ost of working	166. KIND OF BU	SIME 22/INDU	SIMY	
	Elementary/Secondary (0-12)	College (1-4 or 5+)		,					
2	n/a	n/a	Truck	Driver		Furni	lture	Compa	ny
COMPLET	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maiden	Sumame)		
H	Charles Straub				Sophi	a Stall			
	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	and Number or Rural F	Route Number, City or Tow	n, Stafe, Zip C	ode)	
유	Charlotte Howard	(Daughter)	4505	Sandra	Lake Rd.	Perry Hal	II. Ma	rv1an	nd 21128
	20a. METHOD OF DISPOSITION	20	b. PLACE AND DATE				CATION CI		
	1 X Burlai 2 Cremation 3 Ramo	val from Stata CB	metery aromatory or di	ther place)	1 Dowle				
	21. SIGNATURE OF FUNEBAC ACTIVICE LICE		HOTELAND		ND ADDRESS OF FA	6/15 Ba1	LIMOT	e, Ma	ryland
	. /6					neral Home			
	Mun -	Mic		970	Belair	Road, Balt	imore	. Md.	21236
	23. PART I. Entar the diseases, or or	implications that cause	d tha death. Do						Approximata
	shock, or heart fallers. L	let only one cause on	each Ilna.						interval Between
	IMMEDIATE CAUSE (Final								
	disesse or condition resulting in death) SEPSIS 6/b/94								
	DUE TO (OR AS A CONSEQUENCE OF):								
z	UROSEPSIS 6/6/94								
CERTIFICATION	Sequentially list conditions, If any, landing to immediate DUE TO (OR AS A CONSEQUENCE OF):								
8	CAUSE (Disease or injury	BENIGN P	ROSTATI	C HYPE	RPLASIA	/URINARY	RETE	NTTC	N
E	that initiated events	DUE TO (OR AS	A CONSEQUENCE O	F):					
	reaulting in death) LAST	RENAL FA	TIUDE						
DICAL	PART II. Other algolificant conditions	contributing to death	but not resulting	in the underlying	ig causa given in	Part I. 24a. WAS AN PERFOR			RE AUTOPSY FINDINGS
1 5	SEIZURES					1 YES 2	. /	co	MPLETION DF CAUSE
MED	ASPIRATION P	NEIMONTA				''' '	A		DEATH?
	DID TOBACCO USE C		CALICE OF	DEATH Y	EC D NO	<u>-</u>		1 '	YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	CHIKIBUIE IO	CAUSE OF					1	
ō	EXAMINER?	AGEPITAL:	14000	OTHER:	LACE OF DEATH (Ch	eck only one)			
XS	1 YES 2 NO	1 Inpatient 2 - ER/Out		4 - Nursing Ho	me 5 🗆 Rasidenca	6 Other (Specify)			
급	27. MANNER OF DEATH	(Month, Day, Year)	28b. TIN		JURY AT ORK?	26d. DESCRIBE HOW	NJURY OCCU	IRED	
BY	1 Natural 5 Pending 2 Accident Investigation				YES 2 NO				
	3 Suicide 8 Could not be	28e. PLACE OF INJUR building, etc. (Spe	Y — At home, farm,	street, factory, offi	ca	28f. LOCATION (Street	and Number of	r Rural Route	Number,
	4 Homicide determined	buttoning, are. (Spe				City or Town, State)			
COMPLETED	29a. CERTIFIER	YAN. To the best of a state	Mineral Asia		and an area				
A P	one) —	SAN: To the best of my know							
ļ Ņ	2 MEDICAL EXAMINER	t: On the beels of exemination	on and/or investigation	on, in my opinion,	death occured at the	time, data and placa, ar	nd dua to the	cause(a) an	d manner as stated.
	296. SIGNATURE AND TITLE OF CERTIFIER	(-0 00		0	29c. LICENSE NUM	BER	29d, DATE	SIGNED (Mo	onth, Day Year)
) BE		Wallo	m		D 25	886	1 6	.12	. 44
유	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF	EATH (ITEM 27) AYO	, Print)	U 23	0.00		, -1	
					a 0 1 1 -	01004			
	DR. CEBALLOS, 31. DATE FILED (Month, Day, Year)	MD 7620 32. REGISTRAR'S SIG		AD TOW	SON, MD	21204			
	11111 . 4 455		VALUE .						
	JUN 1 4 1994	Aulia Neigh	-0-1						
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 8 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTION After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Heatth and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 TO BE COMDIFTED BY DHYSICIAN: MEDICAL CEST

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.									
	1. DECEDENT'S NAME (First, Middle, Last)	N SINCHEV			2. DATE OF DEATH DAY YEAR 0.53			3. TIME OF DEATH 0530 A-M		
	4. SOCIAL SECURITY NUMBER 5. SEX 1 M 2 - F	8. AGE (In yrs. les	2 YRS. MONTHS DAYS HOURS MIN. 7. DATE OF BIRTH (Month, Day, Year) 2 Apr 11, 19					6. BIRTHPLACE (State or Foreign Country) 912 Yugoslavia		
E C	96. FACILITY NAME (If not institution, give street end number) Northwest Hospital Center RESIDENCE OF DECEDENT		100	city, town o anda11	S town	EATH		timo:	re County	
DIRECTOR	Maryland Baltimore			own on Location Baltimore				10d. INSIDE CITY LIMITS? t ☐ YES 2 ☑ NO		
FUNERAL	3319 Kenjac Rd. 11. MARITAL STATUS 12. WAS DECEDENT	- FWED W. 1. 0. A.			21244		USA		HAT COUNTRY?	
'n		X YES 2 1	NO	II yes, spe	city Cuban, Mexica 2 NO Specifi	NIC ORIGIN? (Specify Yas in, Pusito Rican, etc.) y:	or No—	14. RACE Black, Specify	— American Indian, Whits, atc. White	
LEIED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+12 Years	(G life	CEDENT'S USUA ive kind of work of Do NOT use reti	done during mos	N t of working	16b. KIND OF BUS			7.13	
COMPLE	17. FATHER'S NAME (First, Middle, Last) Unknown Sivchev	1 1	ırrier			Miller ME (First, Middle, Maiden na Teodorow	Surname)	thers	5	
IO BE	196. INFORMANT'S NAME (Type/Print) Mrs. Rea Sivchev				d Number or Rural	Route Number, City or Town	n, State, Zip	Code) 244		
	20a. METHOD OF DISPOSITION 1 X Burlel 2 Cremetion 3 Removal from State 4 Donetion 5 Other (Specify)	20b. PLACE	AND DATE OF DIS	SPOSITION (Ner	ne of		CATION —	City or Tow	1.00	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE John K Agnetic	_		Loring	NAME AND ADDRESS OF FACILITY Oring Byers Funeral Directors, Inc. 728 Liberty Rd. Randallstown, MD 21133					
MILICALION	23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory erreet, enterval Between Donset and Death Interval Between Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Dr. Common Death Onset and Death Dr. Common Death Death Dr. Common Death Dr. Common Death Dr. Common Death									
MEDICAL CE	PART II. Other algnificent conditions contributing to	death but not i	reaulting in th	e underlying	ceuse given in	Part i. 24a. WAS AN PERFOR	MED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
T SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 No 1 No position 2	EB/Outhetlant 2		HER:	ACE OF DEATH (Ch					
	27. MANNER OF DEATH 27. Manner OF DEATH 10. Netural 5 Pending (Month, Della Accident Investigation)	INJURY	28b. TIME OF INJURY	28c. INJU	IRY AT	8 Other (Specify) 28d. DE\$CRIBE HOW II	NJURY OCC	CURED		
	2 Accident 3 Suicide a Could not be building, etc. (Specify) 28s. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 28f. LOCATION (Street and Number or Rural Rounding, etc. (Specify)						oute Number,			
COMPLE	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of ax								and manner as stated.	
296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 297. LICENSE NUMBER 296. DATE SIGNED (Month) 30. NAME XND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)							Month, Day, Year) 2 KRY			
	OLETUNJ, Ayoku. 31. DATE FILED (Month, Day, Year) 32. RIGISTRA	NORTH		tosp	, 3401	Dro work	Ps.			
	JUN 1 4 1994 Julie	huridam &	Lydell.							

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SICIAN: The law requires that the death certificate be executed within cours after death. Page 6 may be retained by the hospital or attending physician. certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bund-transit permit. Pages 1, 2, 3 should be the creat have at the bund-transit permit. Pages 1, 2, 3 should be detached for use as the bund-transit permit. Pages 1, 2, 3 should	cal examiner must be notified at once.	TO BE COMPLETED BY FUNERAL DIRECTOR	
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Jours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the build-train of the control of t	or may writin 22 nous are used in the Case Cept, or regular and werean hypere product content in entired. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	

	FOR STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTME			MENTAI	L HYGIEN REG. NO	E			
	DECEDENT'S NAME (First, Middle Last) A. SOCIAL SECURITY NUMBER	OCES S. SEX 6. AGE (In y)	rs. last birthday) IF UN	S m	IF UNDER 24 HRS.	MONTE		2 0	PAR 14	ACE (State or Foreign	M
	213-09-2157 9a. FACILITY NAME (If not institution, give st	1×120 F 92	YRS. MONT	HS DAYS	HOURS MIN.	(Month	1, Day, Year) -10 - (Country)		
DIRECTOR	7207 Or-+ RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	h Rd.	E	0	Mere			Ba		2	
FUNERAL DIRE	Md.		Ed (2	ZIP CODE				1	Od. INSIDE CITY LIMITS? YES 2 NO AT COUNTRY?	,
	7207 Or	12. WAS DECEDENT EVER IN U.	S. ARMED		21210	1 ORIGIN	17 (Specity Yes	u	A2	- American Indian,	
B≺	1 Never Married 2 Married 3 Number Married 4 Divorced	FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	Sho	If yes, spe	city Cuben, Mexica 2 Specify	n, Puarto F			Specify:	white, etc.	
BE COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	e. DECEDENT'S USUA (Give kind of work do life. Do NOT use retire	one during mos ed.)		166.	Seth L	siness/indus	SH	eel	
	17. FATNER'S NAME (First, Middle, Last)	T Smi,	+h		18. MOTHER'S NA	ME (First, A		Surname)			
TO B		armer	196. MAILING ADDR	ness (Stroot at				n, State, Zip C	21	222	
	20a METNOD OF DISPOSITION 1 Suriel 2 Cremation 3 Remo 4 Donation 5 Other (Specify) 21. SKI NATURE OF FUNERAL SERVICE LICE	oval from State cemeter		Nem	PK	DAT	E 20c. LO	cation - ch	Mc		
	Junes	0	ton	Jame AN		CILITY Nov Lus	CI .	Ball.	s Md.	21217	
	23. PART I. Eyler the diseases, or conock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause on each	e death. Do not en line. Le Muy INSEQUENCE OF):	4		h as card	flac or reap	iratory arrea	nt,	Approximate Interval Bety Onset and D	veen Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEDUENCE OF): c. DUE TO (OR AS A CONSEDUENCE OF):										
4	PART ii. Other algnificant condition	a contributing to death but r	not raaulting in the	underlying	cauae givan in	Part I.	24a. WAS AN PERFOR	MED?	A	VERE AUTOPSY FIND WAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?	224
PHYSICIAN: MEDIC	DID TOBACCO USE C	ONTRIBUTE TO CA	USE OF DE	ATH YE	S NO				1	YES 2 NO	
IYSICI/	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	HOSPITAL: 1 Inpatient 2 ER/Outpatie	nt 3 🗆 DOA 4 🗆	IER: Nursing Nome	/	8 🗆 Other	r (Specify)				
B≼	1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJU WOI t Y	IK?		ATION (Street			do Mumbos	_
LETED	4 Nomicide determined	building, atc. (Specify)			Q. 634	City	or Town, State)			ne number.	
COMPLETE	one) 2 MEDICAL EXAMINE	CIAN: To the best of my knowledg R: On the bests of examination an								ind manner as state	ıd.
TO BE	296. SIGNATURE AND WITLE OF CERTIFIER	NO	·		DY06	19 19		29d. DATE S	SIGNED (A	fonth, Day, Yber)	
	30. NAME AND ADDRESS OF PERSON WHO	den Mis	(ITEM 27) (Type, Print)	9 Me	d Cts, 11	אטר	NoPas	+ BW	1, B	Ato, MX 2122	4
	31. DATE FILED (Month, Day, Year)	32 JEGISTRAR'S SIGNATU	Rudal								

TO THE HOSPITAL OR ATTENDING CHARICIAN. The law requires that the death certificate be executed within 55 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this sertificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

	1 - STATE REGISTRAR	STATE OF MARYLA		TMENT OF H		MENTAL HYGIE!		
	1. DECEDENT'S NAME (First, Middle, Lest)					2. DATE OF DEATH		3. TIME OF DEATH
	STEPHEN F			SZALESKI		06	10 94	12:24 AM M
			yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRT	HPLACE (State or Foreign
	210 10 4071	X M 2 🗆 F 84	YRS.	MONTHS DATS.	HOURS MIN.			ryland
œ	9e. FACILITY NAME (If not institution, give street		OT LET ON		R LOCATION OF DE	EATH	9c. COUNTY OF	
6	NORTH ARUNDEL HO	SPITAL ASSOC	STATION] A.	A. COUNTY		
DIRECTOR	Maryland IOB. COUNTY Anne	ARundel	10c. CITY	, TOWN OR LOCAT		asadena		10d. INSIDE CITY LIMITS? 1 YES 2 NO
MAL	10e. STREET AND NUMBER			101	ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?
FUNERAL	690 Powhattan Beac				21122			States
B	1 Never Merried 2 Merried 3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN FORCES? 1 TYES IF YES, GIVE WAR OR DAT	2 NO	If yes, sp	ENDENT OF HISPAN ecify Cuben, Mexica 2 NO Specify	IIC ORIGIN? (Specify Yen, Puerto Rican, etc.)	se or No— 14. RAC Blac Spe	E — American Indian, ck, White, etc. White
8	15. DECEDENT'S EDUCAT (Specify only highest grade con	ION npleted)	16e. DECEDENT'S	USUAL OCCUPATION done during mo		16b. KIND OF BU	JSINESS/INDUSTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5 +)	life. Do NOT us	e retired.)		D= 11 i	G'I	
NA I	17. FATHER'S NAME (First, Middle, Last)		F1.1	reman	10 MOTHED'S NA	Baltim ME (First, Middle, Maide)		Fire Dept.
ŭ U		Sza Sza	leski		Josphi		don	
TO B	19e. INFORMANT'S NAME (Type/Print)	· · · · · ·		ADDRESS (Street e		Route Number, City or Tox		
۲	William Szaleski		690 Pc	owhattan	Beach R	d., Pasade	ena, Md	21122
	20a. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Remove 4 Donetion 5 Other (Specify)	I from State 20b.	PLACE AND DATE OF STREET, Cremetory or of	representation (National Property)	me of Inc. 6/	DATE 20c. LO	ocation — city or 1 atonsvill	
	21. SIGNATURE OF PUREFRAL SERVICE LICENSE	5EE 7		MCCU	lly Fune	ral Home of 21122;	of Pasade	na
	23. PART i. Enfer the diseases, or comehock, or heart failure. Lis	pilcetions that caused	the daeth. Do n					Approximate
	IMMEDIATE CAUSE (Final	Acute R	0	laile	10			Interval Between Onset and Death
_	a	DUE TO (OR AS A DUE TO OR AS A DUE TO OR AS A	CONSEQUENCE OF	lone is	monia	E 12719/1	ma fire a N	
OI.	Sequentially list conditions, if any, leading to immediate						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
2	CAUSE (Disease or Injury	Regnito DUE TO (OR AS A	CONSECUENCE	Jan	lure	*		2 weeks
CERTIFICATION	that initiated eventa recuiting in death) LAST	Strepto	Coccar	l prie	unonie	septi	cema	- 2weeks
- 1	PART ii. Other eignificent conditions of					V		b. WERE AUTOPSY FINDINGS
CA	Acute ment						RMED?	AVAILABLE PRIOR TO COMPLETION DF CAUSE
MEDICAL	Sovere perish	sided co	er di.	50000	2	1 D YES	2 111100	DF DEATH? 1 YES 2 NO
	Coronery of		ise star					
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPUAL:		26. PL	ACE OF DEATH (Ch	eck only one)		
IXSI		Limpstient 2 - ER/Oulpe		4 Nursing Hom		8 Other (Specify)		
	1 Natural 5 Pending	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME	JRY WO	URY AT RK? 'ES 2 NO	28d. DESCRIBE HOW	INJURY OCCURED	
D BY	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY - building, etc. (Specif	— Al home, ferm, a			28f. LOCATION (Street City or Town, State	end Number or Rural	Route Number,
ETE	4 Homicide determined							
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIA EXAMINER: C	N: To the best of my knowle On the basis of examination						e) end menner as stated.
BE	256. SIGNATURE AND TITLE OF CENTIFIER	Atter	iding Phy	grician	DUY9	73.	29d. DATE SIGNE	Month, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF DEA	TH (ITEM 27) (Type,	Print)	202/GLEN	BURNIE, M	ID 21061	1
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA	TURE				<u> </u>	- 1
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE EUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIFI	TMENT OF H	EALTH AND	MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
	HENRY B.	SANDERS				06 12		1:25 Pm
			in yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8.	BIRTHPLACE (State or Foreign
		% M 2 □ F 8	7 YRS.			03 13	07 N	EW YORK
DIRECTOR	9a. FACILITY NAME (If not institution, give stre 509 MANOR ROA				N BURN			OF DEATH
E	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c, CITY	TOWN OR LOCAT	TION			10d. INSIDE CITY
	MARYLAND ANNE	ARUNDEL		GLEN	BURNII	Ξ		1 Tes 2 No
FUNERAL	509 MANOR ROA	D			21061			N OF WHAT COUNTRY?
N)	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENOENT OF HISPANIC ORIGIN? (Specify Yes or No— 1 Never Married 2 TV Married FORCES? 1 X YES 2 NO 11. Was specify Cuban, Marien, Puerto Rican, etc.)							. RACE — American Indian,
BY F	1 Never Married 2 Married	IF YES, GIVE WAR OR DA		It yes, sp	ecify Cuban, Maxic	an, Puerto Rican, etc.)		Black, White, atc.
							WHITE	
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 O CIVIL ENGINEER MANUFACTURING 18. MOTHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname)							TRY	
Elementary/Secondary (0-12) College (1-4 or 5+) 12 College (1-4 or 5+) CIVIL ENGINEER MANUFACTURING							DING	
OM	17. FATHER'S NAME (First, Middle, Last)		CTATE	DIGIND		AME (First, Middle, Malden		KING
		DERS			CATHE			
) BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a		Route Number, City or Town		rde)
5	MARION A. SAND		509	MANOR	ROAD-0	GLEN BURN	IE,MD	.21061
	20a. METHOD OF DISPOSITION 1X Burlal 2 Cremation 3 Ramovi 4 Donation 5 Dispusposeity)	G.	PLACE AND DATE OF THE LEN HAV			1 4		RNIE, MD.
	21. SIGNATURE OF FUNDAM SERVICE LICEN	ISEE	-		D ADORESS OF F			21061
	· Lary	A. Kow		426	CRAIN E	HWY.S.W.G	LEN B	HOME 21061 SURNIE, MD.
	23. PART I. Entar the diseases, of cor ahock, or heert feliure. Lie	mplications that caused st only one ceues on as	tha dasth. Do no	ot antar tha mo	da of dying, au	ch es cardiac or raspi	ratory erreel	Approximate
	IMMEDIATE CAUSE (Final disease or condition	C . Ja	0 (-	Dun vo	> -/	Arrest		Interval Between Onset and Death
	resulting in death)	BUE TO COD AS A						
,		and the same	Sov	7 5	01 Sec	n		
CERTIFICATION	Sequantially list conditions, If any, laeding to immediate		CONSEQUENCE OF		0()			
S	cause. Entar UNDERLYING CAUSE (Disease or Injury	-	toper	-ter	-31 26			
H	that initiated evants resulting in deeth) LAST	DUE TO (OR AS A	CONSEQUENCE OF	:				
ER	d.							
AL C	PART II. Other eignificant conditione	contributing to deeth be	it not resulting in	the underlying	cauea given in	Pert I. 24s, WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS
2						PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE
						1 🗆 YES 2	X] NO	OF DEATH?
7								1 PES 2 NO NA
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			28. PL	ACE OF DEATH (C/	neck only one)		14/21
/SI	to the time William	OSPITAL:	itlant 3 DOA	OTHER: United Home	X Rasidence	6 Other (Specify)		
F	27. MANNER OF OEATH	26a. DATE OF INJURY (Month, Day, Year)	26b. TIME INJU			26d. OESCRIBE HOW IF	JURY OCCUR	ED
BY	1 Natural 5 Pending 2 Accident Investigation			M 1 🗆 Y	ES 2 NO			
	3 Suicide 6 Could not be 4 Homicide detarmined	28a. PLACE OF INJURY building, atc. (Speci	— At home, tarm, at	reet, factory, office	1	261. LOCATION (Street a City or Town, State)	nd Number or I	Rural Route Number,
COMPLETED								
를	20a. CERTIFIER (Check only one)	AN: To the best of my knowle	edge, death occurred	at the time, data	and place, and due	to the cause(a) and man	ner sa stated.	
8		On the basis of examination	end/or investigation	, in my opinion, de	esth occured at the	time, data and place, and	d dua to the ca	tuse(a) and manner as stated.
BE	296. SIGNATURE AND TITLE OF CENTIFIER	Rate	1		29c. LICENSE NU	MBER		GNED (Month, Day, Year)
2	7-7-7-3	- 00)		D 43	378.	▶ 06	/13/94.
	30. NAME AND AGORESS OF PERSON WHO CHARJIT 5. BAJAJ				WAY-SU	TE #202-	GLEN	21061 BURNIE, MD.
	31. DATE FILEO (Month, Day, Year)	12-BEGISTBAR'S SIGNA	THE					
	JUN 1 4 1994	Julia Davidson	-Rendell					



DALLIMORE, MARITAND 21213-0020	remours after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	the medical examiner must be notified at once.
DISSION OF VITAL NECONDS, F.O. BOX 68760,	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within chours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL OHRECTOR: After this certificate has been signed by the attending physician and completely filled in by the f be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1. DECEDENT'S NAME (First, Middle, Las CLARENCE).						
					2. DATE OF DEATH MONTH	DAY YE	3. TIME OF DEATN					
	W. SCHULT				6 - 9	199						
4. SOCIAL SECURITY NUMBER 220-05-1050	5. SEX 6. AGI	75 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 11-17-		BIRTHPLACE (State or Foreign Country) ARYLAND					
9a. FACILITY NAME (If not institution, give	street and number)	9b. CITY TOWN										
UNION MEMORIA			96. COUNTY OF DEATH BALTIMORE									
RESIDENCE OF DECEDENT												
10a. STATE 10b. COUR	ITY	TY, TOWN OR LOCA	TION			10d. INSIDE CITY LIMITS?						
MARYLAND		BA	ALTIMORE				1 YES 2 NO					
10e. STREET AND NUMBER			10f. ZIP CODE			10g. CITIZEN OF WHAT COUNTY						
833 EAST 33R	D STREET			21218		U.S	. A .					
11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED			NIC ORIOIN? (Specify Ye		or No— 14. RACE — American Indian, Black, White, atc.					
1 Never Married 2 Married 3 Nidowed 4 Divorced	FORCES? 1 YES	DATES	If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 ☐ YES 2 NO Specify:				Specify: WHITE					
15. DECEDENT'S EI (Specify only highest gra	DUCATION	15a. DECEDENT'S	USUAL OCCUPATION work done during most of working			JSINESS/INDUST						
Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of life. Do NOT u	ee retired.) HEATII			NG &	VG &					
12 OWNE			D BUSINESS AIR			CONDITIONING						
17. FATNER'S NAME (First, Middle, Last)		There		16. MOTHER'S N	AME (First, Middle, Malder	n Surname)	DOMESTIC STATE					
WILLIAM E. SO	CHULTZ			HEI	LEN JERSO	CHEID						
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	D ADDRESS (Street	and Number or Rural	Route Number, City or To	wn, State, Zip Coo	te)					
JANE SCHULTZ		MAILINO ADDRESS (Street and Number or Flural Route Number, City or Yown, State, Zip Code) 833 EAST 33RD STREET BALTO., MD. 21218.										
20a, METHOD OF DISPOSITION		Db. PLACEAND DATE	OF DISPOSITION (N	FDISPOSITION (Name of DATE 20c. LOCATION — City or Town, State								
Burlel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) DRUID RIDGE 6/13/94 PIKESVI												
21. SIGNATURE OF FUNERAL SERVICE					JENKINS							
Na/111	00	17.1										
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate												
disease or condition resulting in death) Due To(or As A CONSEQUENCE OF): A tleubule conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury CAUSE (DISEASE							years -					
CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):												
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24e. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDER												
PART II. Other arginicant conditi	but not resulting	in the underlyin	g cause given in	Part I. 24s. WAS AI PERFO	N AUTOPSY PRMED?	24b. WERE AUTOPSY FINDIP AMAILABLE PRIOR TO						
					1 YES	2 Q.NO	OF DEATH?					
							1 TES 2 NO					
							1 TYES 2 NO					
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			LACE OF DEATH (C	heck only one)		1 TES 2 NO					
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	rtpatient 3 🗆 DOA	OTHER:		neck only one) a Other (Specify)		1 TYES 2 NO					
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	1 Inpatient 2 DEVO	28b. TIN	OTHER: 4 □ Nursing Nor ME OF 25c, IN JURY W			INJURY OCCUR						
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 DEROU 25e, DATE OF INJURY (Month, Day, Year)	28b. Tilk	OTHER: 4 Nursing Nor ME OF 25c, IN JURY W 1	DURY AT DRK? YES 2 NO	a Other (Specify)	and Number or I	ED					
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Setural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be determined	1 Inpatient 2 ENOugh 25e. DATE OF INJURY (Month, Day, Year) 1 25e. PLACE OF INJUR	28b. TIN IN: 3Y — At home, farm, secify)	OTHER: 4 \(Nursing Nor Nor Nor Nor Nor Nor Nor Nor Nor Nor	Ne 5 Residence SURY AT SPIK? YES 2 NO	Other (Specify) 25d. DESCRIBE HOW 26f. LOCATION (Street City or Yown, State	and Number or F	ED					
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within an about a the death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

2.	ŠI.	3.	PER	MEO	FILM	G-712	6/28/94	t.t

	1 - STATE REGISTRAR	SIAIE OF M	ARYLAND / I		TMEN				MENT	REG. NO.	E		
	1. OECEDENT'S NAME (First, Middle, Last)				TOATT	_ 01	DLA			TE OF DEATH 6		994	3. TIME OF DEATH
	STILES	Ţ	Bradley	7	SIM	MON	S .	Jr.	MO	JNE 10	N.	YEAR	12:45 P *
1	4. SOCIAL SECURITY NUMBER 220-38-2750		6. AGE (In yrs. lest i		IF UNDER	1 YEAR	IF UNDER	24 MDC	7 DATE OF BUTTH		_	a. BIRTH	IPLACE (State or Foreign
	220-36-2750	1 🛣 M 2 🗆 F	52	YRS.	MONTHS	DAYS	HOURS	MIN.	Fe	b.18,1	942	Was	hington, Do
	Sa. FACILITY NAME (If not institution, give st	eet and number)			9b. CITY	, TOWN C	R LOCATIO	ON OF DE				NTY OF D	EATH
OB	ANNE ARUNDEL GI	ENERAL I	HOSPITA	L	A	NNA:	POLI	S			ANN	IE A	RUNDEL
딦	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY			10c CI1	Y, TOWN (OR LOCAT	ION						10d. INSIDE CITY
DIRECTOR	MD Ann	e Arund	el		eale		1011						LIMITS?
	10e, STREET AND NUMBER					101	ZIP CODE				10g. CIT	IZEN OF V	1 TYES 2 NO
ER/	5672 NutwellSu	dley Ro	ad				2075					SA	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT								GIN? (Specify Yaa	or No—	14. RACE	E — American Indian, k, White, atc.
ВУ Е	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WA	YES 2 NO)				n, Maxican Specify:		to Rican, etc.)		Blaci Speci	Mar.
		1959-											" White
H	15. DECEDENT'S EDUC (Specify only highest grade	ATION completed)	18a. DECI	EDENT'S	Work done se retired.)	CCUPATIO during mo	N st of workin	g	1	16b. KIND OF BUS	SINESS/INC	DUSTRY	
٦	Elementary/Secondary (0-12)	College (1-4 or 5+))							Ŧ	2		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		1 Cor.	ltra	acto	ľ	10 MOTE	ED'C NAM	UE (E)	Lan t, Middle, Maiden	dsca	ape	
	Stiles Bradle	z Cimmo	ne							dolyn		L	
BE	19e. INFORMANT'S NAME (Type/Print)	y DIMMO		MAILING	ADDRESS								
2	196. INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Wendy Lynn Nutwell Simmons 5672 Nutwell Sudley Road, DEale, MD 20751												
	20a. METHOD OF DISPOSITION 1 ★ purial 2 □ Cremation 3 □ Remo		20b. PLACE AN	DOATE	OF DISPOS				-		CATION		
	4 Donation 5 Other (Specify)	Val from Stata	Crowr	1SV	ille	Vet	erar	ns C	em	. Cr	owns	svil	le MD
	21. SIGNATURE OF TUNERAL SERVICE LICE	INSEE	,					S OF FAC					
	> Thomas 119	Hando	tu							ral Ho			MD 21401
	23. PART I. Enter the diseases, or c	omplicatione that	coused the deel	h. Do	not enter	the mo	de ot dyl	ng, such	as c	ardiec or reapi	retDry er	reat,	Approximata
	shock, or haert failure. L	list Dnly Dne ceus		,	1		1	4		4	Λ	~	interval Between Onset and Death
	disesse or condition resulting in deeth)	F	Menros	de	Ton	5	Car	dra	Exe	cular	1/1	Jec.	ee
į		DUE TO	OR AS A CONSEQU	ENCE O	F):								
NO	Sequentially list conditione,												
ATI	if sny, laading to immediata cause. Enter UNDERLYING	DOE 10 (OR AS A CONSEOU	ENCE O	ej:								
임	CAUSE (Disesse or Injury	DUE TO (OR AS A CONSEQU	ENCE O	F):								
CERTIFICATION	thet Initiated events DUE TO (OR AS A CONSEQUENCE OF): reaulting In desth) LAST												
2	DADT II. Other electrices and date.												
CAL	PART II. Other algnificent conditions	contributing to d	death but not rec	ulting	in the ur	ideriying	ceuse g	iven in F	Pert i.	24a. WAS AN		24b.	. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDI			_							1 YES 2	□ NO		OF DEATH?
Σ	DID TOPACCO LISE C	ONITRIBLITE	TO CALLER	. 05	DEAT	11 1/		110	_	, ,			1 VES 2 □ NO
PHYSICIAN:	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)												
Sic	EXAMINER? 1 TYPES 2 NO	HOSPITAL:	ÆR/Outpetlant 3	DDA	OTHER 4 Nur	₹:				ther (Specify)			
žΙ	27. MANNER OF DEATH	26a. DATE OF I	NJURY	28b. TIN	E OF	26c. INJ	JRY AT			ESCRIBE HOW IN	NJURY OC	CURED	
ВУ Б	Natural 5 Pending Investigation	(Month, Day	y, reary	irv.	JURY		RK? 'ES 2	NO					
ED B	3 Suicide 6 Could not be	26a. PLACE OF building, a	INJURY — At home	o, tarm,	street, fact	ory, office			28t. L	OCATION (Street a	nd Number	r or Rural F	Route Number,
	4 Homicide determined		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							ny or lown, olaley			
COMPLET	29e. CERTIFIER 1 CERTIFYING PHYSIC	IAN: To the best of r	my knowledge, deat	h occurr	ed at the t	lme, data	and placa,	and due t	to the	cause(a) and man	ner aa ata	ted.	
OM	One) 2 MEDICAL EXAMINES	i: On the beals of axe	amination and/or inv	reatigation	on, in my o	pinion, d	eath occur	ed at the t	time, de	eta and placa, and	d due lo th	ha cause(a	e) end manner as stated.
	296 SIGNATURE AND TITLE OF CERTIFIER	1		_			29c. LICE	NSE NUM	BER		29d. DAT	E SIGNED	(Month, Day, Year)
O BE	(law	wit	e M				0.	С.М.	.E.		▶ J	UNE	12, 1994
임		COMPLETED CAUSE	E DF DEATH (ITEM	27) (Турв	, Print)								
	0. 01/ 100/ 0	CE M	/ 111	Pen	n S	tree	et,	Balt	tin	nore, M	Mary	lane	d_21201
	31. DATE FILED (Month, Day, Year)	Traine J	SIGNATURE A	2.0	,							-11	
- 1	PCC1 x 1 1004	0	- I company	livena	-	_							



2. DATE OF DEATH JUNE 8, 1994 FLORA C STGLER 4. SOCIAL SECURITY NUMBER 213-74-3097 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR | IF UNDER 24 HRS. 1 - M 2 F HOURS 0470471903 Pages 1, 2, 3 should 99. FACILITY NAME (If not institution, give street end number GOOD SAMARITAN HOSPITAL BALTIMORE 9c. COUNTY OF DEATH DIRECTOR RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION BALTIMORE MARYLAND permit. FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 5 3812 FORDS LA., APT. 101 the burial-transit retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Merried If yes, specify Cuben, Mexican, Puerto Ricen, etc.)

1 YES 24 NO Specify: Specify: BY 3 Widowed 4 Divorced ETED use as 18e. DECEOENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KING OF BUSINESS/INDUSTRY (Specify only high for Elementary/Secondary (0-12) College (1-4 or 5+) COMPL HOUSEWIFE detached 12 AT HOME 17. FATHER'S NAME (First Middle Lest) 18. MOTHER'S NAME (First, Middle, Maiden Surname) 9 DORA Ħ SAMUEL CARP BE notifled 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 page 5 s MRS HELEN S. KUSHNICK 2, APT. G FELLOWSHIP CT TOWSON, MD nours after death. Page 6 may be 25e. METHOD OF DISPOSITION pe 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State OATE must Burial 2 Cremetion 3 Ren funeral director, 4 Donetion 5 Other (Specify) HEBREW FRIENDSHIP 6/10/1994 BALTIMORE, MD examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC. filled in by the fion, or removal. 6010 REISTERTOWN RD. BALTO., MD the medical 23. PART I. Entartha diseases, or complications that caused the death. Do not antar the mode of dying, such as cardiac or respiratory arrest, shock, er haart fallure. Liat only one cause on each line cremation, or IMMEDIATE CAUSE (Final disease or condition resulting in death) and completely fi o bunial, cremation event, DIVISION OF VITAL RECORDS, P.O. BOX 68760 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed other traumatic Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF Hygiene prior to if any, leading to immediate cause. Enter UNDERLYING physician CERTIFICAT CAUSE (Disease or Injury OUE TO (OR AS A CONSEQUENCE OF): that initiated events signed by the attending Health and Mental Hygier reaulting in death) LAST 0 PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL any 1 TES 2V NO Shows t. of l DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO A PHYSICIAN: Dept. 23 certificate has the the State Dept 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) tem **EXAMINER?** HOSPITAL: OTHER 1 YES 2 NO 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 4 - Nursing Home 5 - Reeldence 6 - Other (Specify) DIRECTOR: After this cer hours after death with the item 28 is marked, of 27. MANNER OF DEATH 28e. DATE OF INJURY this c 28b TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCUREO INJURY Matural 1 YES 2 NO BY 2 Accident 28s. PLACE OF INJURY — At home, farm, streel, factory, office building, etc. (Specify) 3 Suicide 28I. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be COMPLETED 4 Homicide TO THE HOSPITAL OR AT TO THE FUNERAL DIRECT be filed within 72 hours a IMPORTANT: If item 2 29s. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data end place, end dus to the cause(e) end manner ee stated. 2 MEDICAL EXAMINER: On the basis of sxamination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNEO (Month, Day, Year, 29c. LICENSE NUMBER BE 12039 2 OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

FOR

STATE REGISTRAR

31. DATE FILED (Month, Day, Year)

JUN

4 1994

1. DECEDENT'S NAME (First, Middle, Last)

17419

10 A

8. BIRTHPLACE (State or Foreign

MARYLAND

109 SATUREN OF WHAT COUNTRY?

WHITE

3. TIME OF OEATH

10d. INSIDE CITY

14. RACE — American Indian, Black, White, etc.

1 YES 2 NO

21286

21215

Approximate

WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO

COMPLETION OF CAUSE

1 TYES 2 T NO

OF DEATH?

Interval Batween

Onset and Death

YELLES

REG. NO

DHMH-16 Rev 1/89

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN TIN THE ACCUSANCE THE PROPERTY OF THE HOSPITAL OR ATTENDING PHYSICIAN TIN THE PROPERTY OF THE HOSPITAL OR ATTENDING PHYSICIAN TIN THE PROPERTY OF THE P	TO THE FUNERAL DIRECTOR: After this certificate in Section to the attending physician and completely filled in by the funeral director, page 5 should be detached for he find within 72 hours after death with the first companies.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - FOR STATE REGISTRAR	STATE OF MARY		RTMENT OF I		NTAL HYGIEN		
3	1. DECEDENT'S NAME (First, Middle, Last)				2	DATE OF DEATH		3. TIME OF DEATN
		te ALBERDIN		madge		June 10	199	94 11:09A M
	4. SOCIAL SECURITY NUMBER 216-20-4351	1 □ M 2 🂢 F 6	(In yrs. last birthday) 8 YRS.	MONTHS DAYS	HOURS MIN.	DATE OF BIRTH (Month, Day, Year) 4-04-1926		BIRTHPLACE (State or Foreign Country) ARYLAND
DIRECTOR	99. FACILITY NAME (If not institution, give st DOCTORS COMMUNITY RESIDENCE OF DECEDENT			96. CITY, TOWN	AM	H		OF DEATH
E	10a. STATE 10b. COUNTY	,	10c. CI	TY, TOWN OR LOCA	TION			10d. INSIDE CITY
1	MARYLAND PRINCE	E GEORGES	BE	RWYN HEI	GHTS			1 YES 2 NO
FUNERAL	6207 TECUMSEH PLA	ACE			20740		42.5	S.A.
B	11. MARITAL STATUS 1 Never Married 2 Married 3 K Widowed 4 Divorced	IN U.S. ARMED 5 2 X NO DATES	NO If yes, specify Cuban, Maxican		ORIGIN? (Specify Yes ruerto Rican, etc.)	Black, White, atc. Specify: WHITE		
回	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	(Give kind of	Work done during me	ON ost of working	16b. KIND OF BUS	SINESS/INDUS	TRY
APLET	Elementary/Secondary (0-12)	CLERK	-TYPIST		NATIO	NS BAN	IK	
E COMPL	17. FATHER'S NAME (First, Middle, Lest) JACK HAINES				(First, Middle, Maiden ABETH			
0 8	19s. INFORMANT'S NAME (Type/Print)		19b. MAILIN	G ADDRESS (Street and Number or Rural Route Number, City or Town, Stete, Zip Code)				ode)
	MARNETTE A. CLEM				PLACE, BE			
	20a METHOD OF DISPOSITION 1 X Burlal 2 Cremation 3 Remote 4 Donation 5 Other (Specify)	oval from State	b. PLACE AND DATE metery, crematory or EDAR HILI	OF DISPOSITION (Nather place) CEMETEI	ame of	0/13		PARK, MD
	21. SIGNATURE OF FUNERAL SERVICE LIC		/	22. NAME A	ND ADDRESS OF FACIL	TY	OKBIN	TARK, TID
	1. Nev.	m Has	Ein	1 SEC	LETON FUNE OND AVE. S	.W. GLE	N BURN	IIE, MD 21061
RTIFICATION	23. PART I. Enter the diseases, or shock, or heart feilure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated avants resulting in death) LAST	a. Due to (on as	A CONSEQUENCE (DF):	divelar		ratory arrea	t, Approximate interval Between Onset and Death 2 NW
CER		d						
: MEDICAL	PART II. Other significant condition Divine les	rellity	<i>f</i>			1 YES 2	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
AN	DID TOBACCO USE O	CONTRIBUTE TO	CAUSE O		LACE OF DEATH (Check	only one)		
SICIAN	EXAMINERS 1 YES 2 NO	HOSPITAL:	tpetient 3 🗆 DOA	OTHER:	ne 5 🗆 Residence 8 🗈			
РНУ	27. MANNER OF DEATH	28s. DATE OF INJURY (Month, Day, Year)	28b. Til	WE OF 28c. IN.		Id. DESCRIBE HOW I	NJURY OCCUP	RED
BY F	1 Matural 5 Pending Investigation	(Month, Say, 168)			YES 2 NO			
豆	3 Suicide Could not be datarmined	28e. PLACE OF INJUF building, atc. (Sp	IY — At home, term, ecify)	street, factory, offic	26	II. LOCATION (Street a City or Town, State)		Rural Route Number,
PLE	29a. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of my kno	wledge, death occur	red at the time, date	end place, and due to	the cause(a) and mar	ner sa stated.	
COMPLE								cause(a) end menner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIEF	VC-1: 11		10	29c. LICENSE NUMBE	R C	29d, DATE S	HGN50 (Month/ pay, Year)
5	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF D	PEATH (ITEM 27) (Typ)	e, Print)	1 102	2 1	H 4	1/11/1
	31. DATE FILED (Month, pay Apa)	32. BEGISTRAR'S SI	NATURE NATURE	<u> </u>	11 /Throphi	March	11-10/1	ine, MAYING
	1 .1000 ± 4 1007 /		·					

BALTIMORE, MARYLAND 21215-0020	OD ATTENDING DUNCHARD The law enemies that the death enemies he executed within
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	and he manufact with
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RECORDS,	the candidan that the day
VITAL	Abl. The le
OF VITAL	SUNCTORAL The le

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Jours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the 52 should be united Hygines prior to burial, cremation or removal.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR CERTIFICATE OF	DEATH	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last) West, Elmer Je	2, E	OATE OF DEATH	79 94	3. TIME OF DEATN
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR	IF UNDER 24 HRS. 7. D	ATE OF BIRTH		RTHPLACE (State or Foreign
	220=36-1454 1 M 2 DF 54 YRS. MONTHS DAYS		Month, Day, Your)		syntry)
-	9a. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN O	R LOCATION OF DEATH	0 1	9c. COUNTY O	F DEATH
8	VETERANS HOSO. BA	11mme	Citi		
5	100. STATE / 10b. COUNTY 10c. CITY FOWN OF OCAT		Virg		
DIRECTOR	10e. STATE 10b. COUNTY 10c. CITY TOWN OP LOCATI	ION (U		10d. INSIDE CITY
	10e, STREET AND NUMBER	ZIP CODE		10a CITIZEN (1 YES 2 NO
RA I	8348 (Andlowick Ct	21144		J. S.	5, 1
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER-IN U.S. ARMED 13. WAS DECE	ENCENT OF NISPANIC OF	RIGIN? (Specify Yes	or No.— 14, R	ACE — American Indian,
BY F		city Cuben, Mexican, Pur 2 NO Specify:	erto Rican, etc.)		Black, White, etc.
ED B				1	2/1901
H	(Specify only highest grade completed) (Give kind of work done during mos	n st of working	16b. KIND OF BUS	INESS/INOUSTR	N .
PLE	Elementary/Secondary (0-12) College (1-4 or 5+)				
COMPLET	17. FATHER'S MAME (First, Middle, Last)	16. MOTHER'S NAME/F	irst, Middle, Meiden	Surname)	
BE C	Flmer West SR.	HildA	R.	West	
TO B	100. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street or	nd Number or Rural Route	Number City or Toy	n, State, Zip Code	, (,
-	INISS DONNA WEST 8304 Flis	17-uck	01.131	9/1/m	re mo21144
	20s. METHOD OF DISPOSITION 14 Burial 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Nat completely crematory or other place)	moof / Mail	DATE 20c. LO	CATION — City o	Toyn, State
	4 Donation 6 Other (Specify) Office LICENSEE	SIVELI CEM	116 10	HIIO	Co. IIIC
	Wash 1 Prins	n K, Kus	SHUN	D H	rigino
	posign 2. Kusa 1222	2W, Non	n Ave	DALLO	Mc 21216
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the model shock, or heart failure. List only one cause on each line.	de of dying, auch aa	cardiac or respi	ratory arreat,	Approximata interval Between
	IMMEDIATE CAUSE (Final disease or condition			1	Onset and Death
	resulting in death) a. OMGLL CITYON DUE TO (OR AS A CONSEQUENCE OF):	5 conc	er, m	etasta	-116
z	disease or condition resulting in death) a. Small cell lun Due to (or as a consequence of): Sequentielly list conditions.	ENSUFFE	iency		
O. L	if any, leading to immediate				
2	CAUSE. (Disease or Injury CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF):				
CERTIFICATION	that initiated events resulting in death) LAST				
CE	d				
DICAL	PART II. Other algnificent conditions contributing to death but not resulting in the underlying	cause given in Part	i. 24e. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
EDIC	Type II Diabetes mellitus		1 - YES 2	NO	OF DEATH?
Σ	Hypertension				1 TES 2 NO
PHYSICIAN:	25. WAS CASE REFERREO TO MEDICAL 26. PL	ACE OF DEATH (Check or			
SICI	EXAMINER? HOSPITAL: OTHER:				
H	27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF 28c. INJU	JRY AT 28d	Other (Specify) OEȘCRIBE NOW II	NJURY OCCURED)
ВУ Р	1 Naturel 5 Pending (Month, Day, Year) INJURY WOI 2 Accident Investigation	ES 2 NO			
ED B	3 Suicide 6 Could not be 28e. PLACE OF INJURY — All home, farm, street, lactory, office	261.	LOCATION (Street & City or Town, State)	nd Number or Ru	ral Route Number,
ETE	4 Nomicide determined		.,, 0.000)		
COMPLET	29a. CERTIFIER (Check only 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the Ilma, data				
O.	one) 2/ MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, de	esth occured at the time,	date end place, an	d due to the ceu	se(e) and manner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	29c. LICENSE NUMBER		29d. DATE SIG	NED (Month, Day, Year)
0	Duganne C. Murphy, M.D.			16/	9194
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)				
	31. DATE FILED, (Morith, Day, Year) 32. REGISTRAR'S SIGNATURE				
	31. DATE FILED (MONTH, Day, New) 32. REGISTRAR'S SIGNATURE June Deviden Random				
	// Manda No				



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within coupletely filled in the teath of the property of the p BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1 - STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

101 W. Read St. Apt 211 106. STREET AND NUMBER 107. WRO DECEDENT EVER IN U.S. ANAMED PORCES? WES U.S. ANAMED IT WAS DECEDENT OF HISPANIC ORIGIN? (Specify Ves or No- If yes, specify Colan, Menican, Pourto Ricar, etc.) 11. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Ves or No- If yes, specify Colan, Menican, Pourto Ricar, etc.) 12. WAS DECEDENT SEDUCATION IN Yes, specify Colan, Menican, Pourto Ricar, etc.) 13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Ves or No- If yes, specify Colan, Menican, Pourto Ricar, etc.) 14. RACE — American Inclina Pourto Ricar, etc.) 15. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Ves or No- If yes, specify Colan, Menican, Pourto Ricar, etc.) 16. Specify Ves U.S. ANAMED POURTO (Specify Original Origin	REGISTRAR		CERTIFIC	CATE O	F DEATH	REG. NO.		
SPECIAL PARTY NUMBERS AS PARTY NUMBERS A	1. DECEDENT'S NAME (First, Middle	, Last)						3. TIME OF DEATH
THE CORNER FOUNTY MARKET MAN STATES AND THE CONTROL AND THE CO	Gregary	M. Williams						
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THE THE THE DESIGNATION OF THE PROPERTY OF THE	Gift of Hop	e nt		Balt	imore		N,	/A
THE THE THE DESIGNATION OF THE PROPERTY OF THE	10a. STATE 10b. C	OUNTY	10c. CITY,	TOWN OR LO	CATION			10d. INSIDE CITY
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TYES, GIVE WARD OR DATES If YES, GIVE WARD OR DATES If YES 2 M NO Specify Shaper of the property Shaper of the	100. STREET AND NUMBER	ad St. Apt 211				01		
TYPES 2 NO Specify Spe	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED	13. WAS (DECENDENT OF HISPAN	NIC ORIGIN? (Specify Yes	or No.— 14. RA	CE — American Indian.
18. DECIDENT'S EDUCATION 18. DECIDENT'S SUULA. DOCUMENTON 18. DECIDENT'S SUULA. DOCUMENTON 18. DECIDENT'S SUULA. DOCUMENTON 18. DECIDENT'S SUULA. DOCUMENTON 18. DECIDENT'S SUULA. DOCUMENTON 18. DECIDENT'S SUULA. DOCUMENTON 18. DECIDENT'S SUULA. DOCUMENTON 18. DECIDENT'S SUULA. DOCUMENTON 18. DECIDENT SUULA. D		fORCES? 1 YES	2 X NO	If yes,	specify Cuban, Mexica	in, Puarto Rican, etc.)	Spi	ecity:
Benerotary(Secondary (6-12) College (1-4 or 5 +) Builder City Builders Contractors	15. DECEDENT	'S EDUCATION it grade completed)	(Ghm kind of wo	rk done during	ATION most of working	16b, KIND OF BUS		Drack
The Information of Pulments (Properties) The Information of Pulments (P	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use	retired.)		City Bui	lders C	ontractors
The Information of Pulments (Properties) The Information of Pulments (P	17. FATHER'S NAME (First, Middle, Li	nst)	Dollider	-:	18. MOTHER'S NA			Oncluctors
Sister Pietra (Care Giver) Si		rge Williams			Els	sie Brown		
20. PLACE OF DISPOSITION 1 Disuris 2 Cremation 3 Removal from State 2 Commation 5 Other (Specify) 2 Substitution 6 Other (Specify) 2 Substitution 6 Other (Specify) 2 Substitution 6 Other (Specify) 2 Substitution 6 Other (Specify) 2 Substitution 6 Other (Specify) 2 Substitution 6 Other (Specify) 3 Substitution 6 Other (Specify) 3 Substitution 6 Other (Specify) 3 Substitution 6 Other (Specify) 3 Substitution 6 Other (Specify) 3 Substitution 6 Other (Specify) 3 Substitution 6 Other (Specify) 3 Substitution 6 Other (Specify) 3 Substitution 6 Other (Specify) 3 Substitution 6 Other (Specify) 4 Other (Specify) 4 Substitution 6 Other (Specify) 4 Substitution 6 Other (Specify) 4 Substitution 6 Other (Specify) 4 Substitution 6 Other (Specify) 4 Substitution 6 Other (Specify) 4 Substitution 6 Other (Specify) 4 Substitution 6 Other (Specify) 4 Substitution 6 Other (Specify) 5 Substitution 6 Other (Speci	198. INFORMANT S NAME (Type/PTIN	,	19b. MAILING A					:
1. Deurse 2 Cremetion 3 Removes from State Cametery G/15 Baltimore, Md.	Sister Piet	ra (Care Giver)	818 N.	Co11:	ington Ave	e, Baltimor	ce, Md.	21205
22. NAME AND ADDRESS OF FACILITY DAVID J. Weber Funeral Homes 40.1 S. Chester st. Baltimore, Md. 21231 23. PART L Enter the diseases. of complications that caused the death. Do not enter the mode of dying, such as cerdiac or reepiratory arrest, interval Bet of the control of	1 D'Burial 2 Cremation 3	Removal from State ca	b. PLACE AND DATE OF imetary, grematory or othe Mt. Car	DISPOSITION ar place Mel Ce	(Name of emetery	1 .	-	
22. PART L Enter the diseases Complications that caused the deth. Do not enter the mode of dying, such as cerdiac or reepiratory arrest, shock, or heart felium. Liet only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) BOUT O(R AS A CONSEQUENCE OF): DUE TO (OR AS A CON	21. SIGNATURE OF FUNERAL SERV		1	22. NAME Dav:	and address of fa	er Funeral	Homes	
INMEDIATE CAUSE (Fine) disease or condition resulting in deeth) Sequentially list conditions, farm, iteration in the immediate cause. Entervile Det (Fine) disease or condition resulting in deeth) DUE TO (OR AS A CONSEQUENCE OF): CAUSE (Disease or Injury that Inhitted events resulting in deeth) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): CAUSE (Disease or Injury that Inhitted events resulting in deeth) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): CAUSE (Disease or Injury that Inhitted events resulting in deeth) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): CAUSE (Disease or Injury that Inhitted events resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY FRIM ANALASE PRIOR TO OF DEATH (The National Analase) and the Underlying Ceuse given in Part I. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 MO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 MO 26. PLACE OF BUJURY 1 Morest given in Part I. 26. DATE OF BUJURY 26. TIME OF BUJURY A MUNICIPAL COLOR ON NUITY OCCURED 27. MAINTER OF DEATH (TSW 27) (Typa, Print) 28. PLACE OF INJURY A MUNICIPAL TO the beat of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated. Charles only 27. MEDICAL EXAMINER: On the beat of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as a stated. Charles only 27. MEDICAL EXAMINER: On the beat of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as a stated. 28. SCRIPTIER 1 CERTIFYING PHYSICIAN: To the beat of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as a stated. 28. SCRIPTIER 1 CERTIFYING PHYSICIAN: To the beat of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as a stated. 290. D	Vaved	U. WU	(e)					d. 21231
PART II. Other eignificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 1	disease pr condition resulting in deeth)	DUE TO (OR AS	A CONSEQUENCE OF):	mm	RE UNO DE	FICIET	veg	
Accident Accident		ditions contributing to deeth	but not recuiting In	the underly	ring ceuse given in	PERFOR	MED?	4b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
Accident Section Sec	25. WAS CASE REFERRED TO MEDI				PLACE DF DEATH (Ch	eck only one)		
Accident Investigation Investigation Suicide Could not be detarmined 26a. PLACE OF INJURY — At homa, farm, street, factory, office 28f. LOCATION (Street and Number or Rural Route Number, City or Yown, State)	n 1 □ YES 2 NO				lome 5 - Residence	6 Other (Specify)	IFT	DE HOB
28a. PLACE OF INJURY — At home, farm, street, factory, office 29c. CERTIFIER (Check only one) 29c. CERTIFIER (Check only one) 29c. MEDICAL EXAMINER: On the beat of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNIFO (Month, Day, Year) 29d. DATE SIGNIFO (Month, Day, Year)		(Month, Day, Year)	26b TIME	OF 26c.	INJURY AT WORK?		NJURY OCCURED	01-11012
296. SIGNATURE AND TITLE OF CERTIFIER 296. DATE SIGNIPO (Month, Day, Year) 297. LICENSE NUMBER 296. DATE SIGNIPO (Month, Day, Year) 297. DATE SIGNIPO (Month, Day, Year) 298. DATE SIGNIPO (Month, Day, Year)	9 0.4-14-	26a. PLACE OF INJUR building, atc. (Spi	Y — At homa, farm, att	, ,		281. LOCATION (Street of City or Town, State)	and Number or Rura	il Route Number,
296. SIGNATURE AND TITLE OF CERTIFIER 296. DATE SIGNIPO (Month, Dey, Year) 297. LICENSE NUMBER 296. DATE SIGNIPO (Month, Dey, Year) 297. LICENSE NUMBER 298. DATE SIGNIPO (Month, Dey, Year)	290. CERTIFIER	PHYSICIANI, T. M.						
296. SIGNATURE AND TITLE OF CERTIFIER 296. DATE SIGNIPO (Month, Dey, Year) 297. LICENSE NUMBER 296. DATE SIGNIPO (Month, Dey, Year) 297. LICENSE NUMBER 298. DATE SIGNIPO (Month, Dey, Year)	(Check only one) 2 MEDICAL ED							e(a) and menner ea stated.
The state of the s	296. SIGNATURE AND TITLE OF CE	Gleta	ndal	0	29c. LICENSE NUI	WBER 7	29d. DATE SIGN	to (Month, Day, Year)
31. DATE FILED (Month, Pay) COOA 432 CONTRACTOR CONTRAC	30. NAME AND ADDRESS OF PERS	ON WHO COMPLETED CAUSE OF DE	EATH (ITEM 27) (Type, F		EBAE	XTON CI	INIC	BACTIMO
301. T 1.001	31. DATE FILED (Month, Pay 994	JOHN DENNING	A Thomas	-1111		17 5 7 00	1	-1-11/9

6	2	ciar	10	3
DIVISION OF VITAL RECORDS, P.O. BOX	TO THE HOSPITAL OR ATTENDAGS PHYSICIAN: The law requires that the death certificate be	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician	0	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other trau
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	1 - STATE REGISTRAR		STATE OF MAI					EALTH AI		ITAL HYGIEN	E			
1	1. DECEDENT'S NAME (First,		-B. W(_(RI	45		Sr.		DATE OF DEATH		EAR 3	TIME OF DE	
	4. SOCIAL SECURITY NUMB	96	1 M 2 F	AGE (In yrs. la:	st birthday) YRS.		AYS		AIN.	ATE OF BIRTH Month, Day, Year) 4-7-191	8.	Country)	ACE (State or	
OR	90. FACILITY NAME (If not in Levinda		eriatric				al	R LOCATION	OF DEATH		9c. COUNTY	OF DEA	тн	
DIRECTOR	RESIDENCE OF DEC	10b. COUNT				Y, TOWN OR I	OCAT	ION				1	od. INSIDE CI	TY
AL DI	Md.				1	Balti	_	re	 		44 - 017176		LIMITS?	
ERA		oodbr	ook Aven	116			101.		1217			SA	AT COUNTRY	,
BY FUNER	11. MARITAL STATUS 1 ☐ Never Married 2 ☐ 3 ☑ Widowed 4 ☐ Divo	Married	12. WAS DECEDENT EV	VER IN U.S. AF		If yo	18, spe	ENDENT OF H	IISPANIC OI	RIGIN? (Specify Yea arto Rican, atc.)	or No — 14	RACE -	- American in Whita, atc.	dlen,
ETED	(Specify only	EDENT'S EDU highest grade	completed)	(0	ECEDENT'S live kind of v	USUAL OCCL	IPATIO	N st of working		16b. KIND OF BUS	HNESS/INDUS	TRY		
COMPLE	Elementary/Secondary (0	-12)	College (1-4 or 5+)		Cler	-				s.s.	Admir	ist	rati	on
BE CO	17. FATHER'S NAME (First, Mi	iddle, Last)								irst, Middle, Maiden cetta N		.s		
10	19a. INFORMANT'S NAME (7) Robert		lliams	19						Number, City or Town Norfol			23502	
	20a. METHOD OF DISPOSITION 1 & Burlat 2 Cremation 4 Donation 5 Other	n 3 🗆 Ram	oval from Stata			of disposition there place) Ceme					cation - city			
	21. SIGNATURE OF FUNERAL	L SERVICE LIG	a. Mar	ton)	Jam 170	ME AN les	A. N Laure	of facility Morto	on & Sc St. Bal	ns to.,	Md.	. 212	17
	23. PART/ Enter the di ehock, or hi IMMEDIATE CAUSE (Fin disease or condition resulting in death)	aert fallure.	a. RES	on each line	74_	OR	. ,			cardiec or reapl		P		mate Between nd Death
CERTIFICATION	Sequentially list condition if any, leading to immerceuse. Enter UNDERLYI CAUSE (Disease or Injust that initieted evental resulting in death) LAS	diata NG ry	· Pher	AS A CONSE	171	B								
EDICAL	PART II. Other eignifice	condition	e contributing to dec	eth but not	reaulting	n the unde	rlying	ceuse give	en in Part	i. 24a. WAS AN PERFOR 1 — YES 2	MED3	A C D	VERE AUTOPSY VAILABLE PRIO OMPLETION OF F DEATH?	R TO
AN: M		571	ا س	NG		210	٤	ASS	2			L '	YES 2	NO
SICI	25. WAS CASE REFERRED TO EXAMINER? 1 YES YOUNG	O MEDICAL	HOSPITAL;	l/Outpatient 3	3 □ DOA	OTHER:	- 80	ACE OF DEAT		Other (Specify)				
у РНУ		Pending	28a. DATE OF INJ (Month, Day,)	URY	28b. TIM			JRY AT RK?	26d	. DESCRIBE HOW II	NJURY OCCUR	€D		
TED B	3 Suicide 8	Investigation Could not be detarmined	28e. PLACE OF IN building, atc.	JURY — At he (Specify)	ome, farm, s	street, factory.			_	LOCATION (Street a City or Town, State)	and Number or	Aural Rou	nte Number,	
O BE COMPLE			CIAN: To the best of my									ouse(s) s	nd manner as	stated.
TO BE O	29b. SIGNATURE AND TITLE	Low	7 3	, (عماح	nM	K	29c LICENS	E NUMBER	.80	29d, DATE S	GNED (fonth, Day, Ye	94



20:

ITEMS:28d, PER MEO FILM G-713 7/11/94 t.t film # G 712 6-14-94 NWA Per Funeral Home

STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
REGISTRAR	CERTIFICATE OF DEATH	REG. NO.

	REGISTRAR		CERTIF	ICATE O	F DEATH	REG. NO	_	
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
1	HARLEY	COLST	ON	WA	LKER	JUNE 07		12:09P
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8.	BIRTNPLACE (State or Foreig
	234 56 8126	1 🔀 M 2 🗆 F	54 YRS.	MONTHS DAY:		May 27 194	10 V	Vest Virgini
OR	99. FACILITY NAME (If not Institution, give s 7925 WEST RIVE		Έ.	PASA	OR LOCATION OF DE	ATN	9c. COUNTY ANNE	OF DEATH ARUNDEL
5	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT							
DIRECTOR	Less than	Arundel	10e. CI1	Y, TOWN OR LO	Pasad	ena		10d. INSIDE CITY LIMITS? 1 TYES 2 X NO
A I	10e. STREET AND NUMBER				101. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
FUNERAL	7925 Riverside D				2112	2	Unite	ed States
BY FU	11. MARITAL STATUS 1 Never Married 2 1 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1X YES 1F YES, GIVE WAR OR D 8/4/58 to 8	2 NO	If yes,	ECENDENT OF NISPAN specify Cuben, Mexical ES 2 X NO Specify		or No — 14.	RACE — American Indian, Black, White, etc. Specify: White
	15. DECEDENT'S EDU	CATION	16e. DECEDENT'S	USUAL OCCUPA	TION	16b, KIND OF BUS	SINESS/INDUST	
ᇤ	(Specify only highest grade Elementery/Secondery (0-12) 12	College (1-4 or 5+)	Iffe. Do NOT u	work done during se retired.)	most of working	Truc	kina (Company
COMPL	17. FATNER'S NAME (First, Middle, Last)				16. MOTHER'S NA	ME (First, Middle, Maiden		T-daily
BE C	Harley	C.	Walker		Maude			Miller
2	19a. INFORMANT'S NAME (Type/Print) Michelle Walker		19b. MAILING 8357	Bodkin	Ave., Pas	adena, MD	n, State, Zip Co. 2112	22
	20a METNOO OF DISPOSITION 1. XBurlal 2 Cremetton 3 Rem 4 Donetton 5 Other (Specify)	noval from State cen	b. PLACE AND DATE	OF DISPOSITION	Name of ns Cem. 6/	0ATE 20c. LO		or Town, State
	21. SIGNATURE-OF FUNERAL SERVICE LE		aryrand		AND ADDRESS OF FAC		OWIISCI	lie, ND
	· Stock No	Lumin		McCu	illy Funer	al Home of Rd., Pasa		
CERTIFICATION	Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in death) LAST	b DUE TO (OR AS A	A CONSEQUENCE O	F):		1 of Hea		
MEDICAL	PART II. Other eignificant condition					PERFOR	IMED?	24b. WERE AUTOPSY FINDI AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 XYES 2 NO	HOSPITAL: 1 inpetient 2 in ER/Outs	netleet 3 🗆 DOA	OTHER:	PLACE OF DEATN (Che			
¥	27. MANNER OF DEATN	28a. OATE OF INJURY	28b. TIM	E OF # 28c. I	NJURY AT	28d. OEŞCRIBE HOW II	NJURY OCCUR	SUBJECT SHO
34	1 Natural 5 Pending 2 Accident Investigation	Followship (Month, Pay, Year)	4 Full	~~~~ 1 T	YES 2 NO	subject	tehn	HIMSELF
TED	3 Suicide 8 Could not be determined	26e. PLACE OF INJURY building, etc. (Spec	icity)	atreat, factory, of	lice	281. LOCATION (Street a City or Town, State)	7925	V. Roverede De
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PNYS	ICIAN: To the best of my know ER: On the basis of examination	vledge, death occum	ed at the time, do	ite end place, end dua	to the ceuse(e) end man	nner ee atated.	
BE	29b. SIGNATURE AND TITLE OF CERTIFIE		to our		29c. LICENSE NUM O . C . M	BER		GNED (Month, Day, Year)
٥	30. NAME AND ADORESS OF PERSON WN	O COMPLETED CAUSE OF DE	ATN (ITEM 27) (Type 1 Penn	Stree	t, Balti	more, Ma	rylan	d 21201
	31. OATE FILED (Month, Day, Year) JUN 1 4 1004	32. REGISTRAR'S SIGN	ATURE		- Darer	more, ria	- Y 1011	

BALTIMORE, MARYLAND 21215-0020

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	I he law requires that the death certificate be executed within flours after death. Page 6 may be retained by the hospital or attending physician.	cate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunia-transit permit. Pages 1, 2, 3 should be detached for use as the bunia-transit permit. Pages 1, 2, 3 should be detached for use as the bunia-transit permit. Pages 1, 2, 3 should be detached for use as the bunia-transit permit. Pages 1, 2, 3 should be detached for use as the bunia-transit permit.	
	tending	as the	
	al or at	for use	
	e hospit	etached	Ace.
	d by th	p ad pi	or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	e retaine	5 shot	notific
	тау р	or. page	ast be
	Page 6	I direct	ner m
	death.	funera	эхатіг
	rs after	removal	dical
	nou	filled i	the m
	with	remai	vent,
	xecuted	and cor	natic e
	ate be e	ysician prior to	traun
	certifica	ding phy	other
	death	fental H	ury, or
	that the	d by th	iny in
	quires	in signe	DWS a
	aw re	has bee	23 sl
	WE The	Interest has been signed by the attending physician and completely filled in by the face State Derf. of Health and Mental Haviene prior to build cremation or removal	r item
μ	2	4	. 19

BALTIMORE, MARYLAND 21215-0020

DIVISION ON VITAL RECORDS, P.O. BOX 68760.

TO THE HOSPITAL OR ATTENDED MYSSES TO THE FUNERAL DIRECTOR AND AND AND DE FIED WIthin 72 hours after worth the IMPORTANT. If Item 25 is marked, or

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CE	RTIF	CATE	OF	DEATH	REG.	NO.		
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DEAT			3. TIME OF DEATH
	MARGARET		LOUISE		1	WAL:	KER	JUNE (7 19	94	12:09P M
	4. SOCIAL SECURITY NUMBER 5	. SEX	6. AGE (In yrs. last	birthday)	IF UNDER		IF UNDER 24 HRS.	7. DATE OF BIRTH		8. BIRT	HPLACE (State or Foreign
	201 32 8467	□ M 2XXF	52	YRS.	MONTHS	DAYS	HOURS MIN.	(Month, Day, Yes Dec. 19	.1941	Pen	nsylvania
	9a. FACILITY NAME (If not institution, give stree	t and number)			9b. CITY	TOWN C	R LOCATION OF DE			UNTY OF	
DIRECTOR	7925 WEST RIVER	SIDE D	RIVE.		PA:	SAD	ENA		ANI	NE A	RUNDEL
) 	10a. STATE 10b. COUNTY			10c. CITY	r, TOWN C	R LOCAT	ION		_		10d. INSIDE CITY
🗟	Maryland Ann	e Arund	el				Pasa	adena			LIMITS?
BY FUNERAL	100. STREET AND NUMBER 7925 Riverside Dr					101	ZIP CODE 211	22			WHAT COUNTRY? States
5		. WAS DECEDENT	EVER IN U.S. ARM	IED	13.	WAS DEC	ENDENT OF HISPAN	IC ORIGIN? (Specify			E — American Indian,
	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1	YES 2 XNO	0			2X NO Specify)		k, white, etc.
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade cor	ION	18a. DEC	EDENT'S	USUAL O	CCUPATIO	DN .	16b. KIND OF	BUSINESS/IN	IDUSTRY	
E I		College (1-4 or 5+)	(ifo	Do NOT us	e retired.)	during mo	st of working				
1PL	12			Anay	rlst			Feder	al Go	vern	ment
Ö	17. FATHER'S NAME (First, Middle, Last)						18. MOTHER'S NAI	ME (First, Middle, Ma			
BE (John	B.	Не	slop)		Hulda	E.			Lambert
10 B	19a. INFORMANT'S NAME (Type/Print)		19b.	MAILING	ADDRESS	(Street a	nd Number or Rural F	loute Number, City or	Town, State, Z		
F	Michelle Walker			835	7 Bc	dkir	Ave., I	Pasadena.	MĎ	21	122
	20a. METHOD OF DISPOSITION 1 Durial 2 Commetten 3 Remove	I trom State	20b. PLACEA	NDDATEC	F DISPOS				LOCATION -		
	4 Donation 5 Other (Specify)	_	Metro	Crem	ner place) lator	V	6/11/9)4 C	tonsv	ille	MD
	21. SIGNATURE OF FUNERAL SERVICE LIGEN	ET/			22. M	NAME AN	o address of FAC ly Funer	ALITY HOME	of Da	cado	22
	> Stirle Xh	106.			3	204	Mountair	Rd Pa	or ra	sauei s Mi	21122
	23. PART I. Enter the diseeses, or con	nplicetions that	causad the dee	th. Do n	ot entar	the mo	da of dying, such	as cardiac or re	espiratory a	rreat.	Approximata
	shock, or haart fallura. Lia	t only ona caus	sa on aach lina,								Interval Batwean
	iMMEDIATE CAUSE (Final disease or condition	m	11 1	4		11	M	1			Onsat and Daath
	resulting in death) a	DUE TO	ORAS A CONSEO	UENCE OF	ny	41	Norm				
_					,						i I
CERTIFICATION	Sequantially list conditions, if any, leading to immediate	DUE TO (OR AS A CONSEO	UENCE OF	ን:						
CAI	cause. Enter UNDERLYING										
正	CAUSE (Disease or injury that initiated aventa	DUE TO (OR AS A CONSEQU	UENCE OF	7):						
F	resulting in dasth) LAST										
2	PART II. Other significant conditions of	ontribution to	do ath hut not a	andalaa I	- Ale	41-1	THE STREET				
DICAL	FART II. Othan significant conditions of	onthouting to t	uaath out not ra	auiting i	n the un	danying	cause given in	Part I. 24a. WAS PER	AN AUTOPSY FORMED?	248	D. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
ă							1.5	1 KYE	8 2 NO		OF DEATH?
M	DID TODACCO HEE CO	A IPPIDITE	TO 041101					-L			1 YES 2 NO
PHYSICIAN: ME	DID TOBACCO USE CO	MIKIBUIE	TO CAUSI	E OF	DEAT	_		X			
<u> </u>	EXAMINER?	OSPITAL:			OTHER		ACE OF DEATH (Che	ck only one)			
4XS	1 X YES 2 NO 1 27. MANNER OF DEATH	28a. DATE OF	ER/Outpetlant 3 [5 X Residence				
	1 Natural 5 Pending	Form	y (sar)	28b. TIME	UPY (-	RK?	28d. DESCRIBE HO	CA 5	ho L	_
ВУ	2 Accident Investigation	28a PLACE OF	INJURY — At hom	1200	, "	1 _ Y				107	
COMPLETED	3 Suicida 8 Could not be 4 Homicide detarmined	building, e	etc. (Specify)	774	arout, tect	ory, ome	·	281. LOCATION (Str. City or Town, S	tate)	SHU	est Riverside
<u>-</u>	29a. CERTIFIER		•/•		-			rasad	ens	110	
N P	(Check only										
8	2 MEDICAL EXAMINER: (Jn the beals of ex	amination and/or in	rveatigatio	n, In my o	pinion, d	eath occured at the	time, data and place	, end due to	the cause(a) end mennar as stated.
BE	296. SIGNATURE AND TITLE OF CENTIFIER	-/	P	4	7		29c. LICENSE NUM				(Month, Day, Year)
5	llen	mf	- Church	PM)			O.C.I	4.E.	▶ J	UNE	08 1994
-	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUS							_		
				nn :	Stre	eet,	Balti	nore, M	aryla	and	21201
	JUN 1 4 1994 fu	32. REGISTRAF	A-Rindall								
	0011 1 4 1444 90	The Welldan	A-Bendine								

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within, whours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Oept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

ITEMS: 23 PART I, 27, 28a-f, PER MEO FILM G-712 6/22/94 t.t

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	FOR STATE					STATE	0F	MARYLA

STATE	0F	MARYLAND	1	DEPARTMENT	0F	HEALTH	AND	MENTAL	HYG	IENE
			H	RTIFICATE	0	F DEAT	TH		DEC	NO

	REGISTRAR		CERTIF	ICATE O	F DEATH	R	EG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF	DEATH			3. TIME OF DEA	ТН
	DONALD	LEO		WHITE		JUNE	12		994	7:25	Ам
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	E (In yrs. last birthday)	IF UNDER 1 YEA	R IF UNDER 24 HRS.	7. DATE OF E	BIRTH	, 1.	8. BIRTI	HPLACE (State or Fe	
	383-74-8308	1 🔀 M 2 🗆 F	22 YRS.	MONTHS DAY	B HOURS MIN.	(Month, Da	12	72	Count	ENGLANI)
	9e. FACILITY NAME (If not institution, give s	treet and number)		9b. CITY, TOW	N OR LOCATION OF O				NTY OF D		
DIRECTOR	9739 OWEN BROW			COL	UMBIA			НС	DWAF	RD	
Ë	10s, STATE 16b, COUNTY		10c. CIT	TY, TOWN OR LO						10d. INSIDE CITY	1
	MARYLAND	HOWARD		COLU	MBIA					1 TYES 25	NO
FUNERAL	100. STREET AND NUMBER 9739 OWEN BROWN F	ROAD			101. ZIP CODE 210	45		10g. CIT		WHAT COUNTRY?	
B	11. MARITAL STATUS 1 X Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	S 2 XNO	It yes,	DECENDENT OF HISPAI apocify Cuben, Mexico (ES ZXXNO Specific	n, Puerto Ricar		or No—	14. RACI Blac Spec	E — American Indi k, White, etc.	en,
<u> </u>	15. DECEDENT'S EDUC (Specify only highest grade	CATION	18e. DECEDENT'S	USUAL OCCUP	ATION	18b. KtN	D OF BUS	INESS/INC	DUSTRY		
<u></u>	Elamentary/Secondery (0-12)	College (1-4 or 5+)	life. Do NOT u	work done during ise retired.)	most of working						
₫		2		STUDENI	1		CO	LLEG	E		
COMPLET	17, FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	ME (First, Middl	e, Maiden	Surname)			
BE	DAVID B. WHITE				DAWN M.	KELLY					
0 0	19e. INFORMANT'S NAME (Type/Print)		19b. MAILtNO	ADDRESS (Stre	et and Number or Rural	Route Number, C	lity or Town	n, State, Zip	Code)		
ĭ	DAWN M. KELLY (N	MOTHER)			OWN ROAD					21045	
	20a. METHOD OF DISPOSITION 1 1 Burlel 2 Cremetion 3 Remo	completence State	0b. PLACE AND DATE	OF DISPOSITION	(Name of	OATE	20c. LO	CATION -	City or To	own, State	_
	4 Donetton 5 Other (Specify)	State State	AINT MAR	Y'S'CEM	ETERY 06/	18/94	CLI	NOTO	, NE	W YORK	
	21. SIGNATURE OF FUNERAL SERVICE LIC		9	22. NAME	AND ADDRESS OF FA	CILITY					
	Jususelle	Jelle			M & RUSS EDMONDSO						
LION	Sequentially list conditions, if any, leading to immediate	e. INTRAORAL S OUE TO (OR AS								interval B Onset and	
CEHIILICALION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa reaulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE O	PF):							
- 1	PART II. Other aignificant condition	s contributing to death	but not reaulting	In the underly	/ing cause given in	Part I, 24s	. WAS AN	AUTOPSY	24b	. WERE AUTOPSY F	INOINGS
DICAL						_	PERFOR			AVAILABLE PRIOR COMPLETION DF (OF DEATH?	TO
Z	DID TORACCO HEE C	ONITRIBUTE TO	CALICE CE	DP4	\/#A page 1.5	_ `	1			1 - YES 2 -	NO
2	DID TOBACCO USE C	ONIKIRALE 10	CAUSE OF			Lange					
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	PLACE OF DEATH (Ch	eck only one)					
2	1 X YES 2 NO	1 Inpetient 2 ER/Ou		4 - Nursing h	lome 5 th Residence	8 Other (Sp	ecity)				
PHY	27. MANNER OF OEATH 1 Natural 5 Pending	(Month, Day, Yeer)			INJURY AT WORK?	28d. DESCRIE					
2	2 Accident Investigation	FOUND: 6-12	2-94 7:10	A M 1[YES XX NO	SUBJE	UT SH	UT SEI	-F		
- 4	3XIX Suicide 8 ☐ Could not be 4 ☐ Homicide determined	28e. PLACE OF INJUR building, etc. (Sp	RY — At home, farm, secify)	street, tactory, o	ffice	28f. LOCATIO	N (Street e. wn, State)	nd Number 9739	OWEN	BROWN ROA	D
			FOUND: RE	SIDENCE		COLUMBI					
COMPLEIED		CIAN: To the best of my kno									
5	2 XMEDICAL EXAMINE	R: On the beals of examinati	ion and/or investigation	on, in my opinior	n, death occured at the	time, date end	piece, end	d due to th	na ceuse(e	e) end manner ee a	tated.
	306 SIGNATURE AND TITLE OF CERTIFIER	1 0 . 1	14.1		29c. LICENSE NUI	MBER		29d. OAT	E SIGNED	(Month, Day, Year)	
	1 de	refer	14)		O.C.M	.E.		▶ ,T	UNE	13, 19	94
=	30 NAME AND ADDRESS OF PERSON WHO	4 4			eet, Bal		- N				
	31. DATE FILED (Month, Day, Year) JUN 1 4 1994	Julia David	NATURE	1	Dat Bar	CIMOL	· F	LULY	<u> zan</u>	4 4140	
- 11	IVV 1	1 //	WHEN THE PERSON NAMED IN								



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DHMH-16 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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IL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a fours after death. Page	L DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral dire	Llaste
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Ē	cate	20000
CIAN	ertifi	the o
HYS	his c	doing
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OR	DIRE	-
-	_	4

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 7:45 AM ROSE S. WEINSTEIN JUNE 8 1994 4. SOCIAL SECURITY 218-40-06575. SEX IF UNDER 1 YEAR 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. 216-05-1835 11 DH 27 HOURS CONNECTICUT YRS. 0 S Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number 1 RUSSERN CT., APT. 1-A 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR HA BALTIMORE ignore RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Bn MO BALTIMORE mea 2 XX NO permit. FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21215 Progen WSA use as the burial-transit 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No- RACE — American Indian, Black, White, etc. 1 Never Married 2 Married If yes, specify Other, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: IF YES, GIVE WAR OR DATES! Specify: WHITE BY 3 Widowed 4 Divorced Camerana COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest ite. Do NOT use retired.)
HOUSEWIFE for Elementary/Secondary (0-12) College (1-4 or 5+) AT HOME page 5 should be detached once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) KIRSHENBAUM SAMUEL SPECTOR 70 BE notified 19a. INFORMANT'S NAME (Type/Print)
PHILIP WEINSTEIN 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1 RUSSERN CT., APT. 1-A BALTO., MD 21215 be ' 20a. METHOD OF DISPOSITION

XX Burlal 2 □ ≰remation 3 □ Removal from State 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE must Burlel 2 Donetion LUBAWITZ NUSACH ARI (NER TAMID) 6/10/94 ROSEDALE, MD Other (Specify) FUNERAL SERVICE LICENSEE examiner SOL LEVINSON & BROS., INC. 6010 REISTERTOWN RD. BALTO., MD 21215 medical 23. PART I. Enter the diseases or complicatione that ceused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory strest, **Approximete** ehock, or heeft fallure. List only one cause on each line interval Between IMMEDIATE CAUSE (Final / **Onset and Death** the disease or condition Missant belane in with brain and langeret 4 resulting in deeth) event, DUE TO (OR AS A CONSEQUEN S/Paute MI with memory edem ASCAD Obst 5 traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If eny, leading to immediate ceuse. Enter UNDERLYING nolmtrition CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): thet initiated events resulting in death) LAST esophoral 10 shows any injury, PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO MEDICAL COMPLETION OF CAUSE DF DEATH? 1 - YES 2 10 DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 YES 2 NO Item 28. PLACE OF DEATH (Check only o HOSPITAL OTHER: 1 Inpatient 2 I ER/Outpetient 3 I DOA 6 Other (Specify) 0 27. MANNER OF DEATH 26e. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? marked, 28d. DESCRIBE HOW INJURY OCCURED Month Jay, Year Natural Pending Investigation 1 YES BY Accident 28e. PLACE OF INJURY — At home, term, street, fectory, office building, etc. (Specify) 90 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 | Homicide determined 200 item 29a. CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as atated. TO THE HOSPITAL O
TO THE FUNERAL D
be filed within 72 ho
IMPORTANT: If its MEDICAL EXAMINER: On the and/or investigation, in my opinion, death occured at the time, date and piece, and due to the cause(a) and manner as stated. 29b. SIGNATURE, 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE D36605 94 she 8 2 864 21215

ITEMS: 4.9b.10b.10c.10d.14. PER F.H. FILM G-712 6/14/94 t.t

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BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	4 OF OFFICE HAME OF A ARREST	-	CERTIFIC	CATE OF DEATH	REG. N	0.	
	1. OECEDENT'S NAME (First, Middle, La TEMET.T. W	ISEMAN ZANG				DAY YE	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS	06-10-		DIRTHPLACE (State or Fore
	235-30-6281	1 D M 2 DxF 6		IONTHS DAYS HOURS MIN.	48.00 60 14 1		West Vir
	Se. FACILITY NAME (If not institution, gi	ve street and number)	11 - 11	9b. CITY, TOWN OR LOCATION OF		9c. COUNTY	
CTOR	9112 Canterbu			Laurel		Howai	rd
REC	10a. STATE 10b. COL		10c. CITY,	TOWN OR LOCATION			10d. INSIDE CITY
ā	Maryland How	ard		Laurel			LIMITS?
RAL	10e. STREET AND NUMBER			10f. ZIP CODE			OF WHAT COUNTRY?
FUNER	9112 Canterbu	ry Riding	N II S ARMED	207		USA	A RACE — American Indian
	1 Never Married 2 Married	FORCES? 1 YES	2 100	If yes, specify Cuben, Mex	ican, Puerto Rican, etc.)		Black, White, etc.
D BY	3 🔀 Midowed 4 🗌 Divorced						white
ETEI	15. DECEDENT'S I (Specify only highest g	rade completed)	16a. DECEDENT'S US (Give kind of wo	SUAL OCCUPATION rk done during most of working retired.)	16b. KIND OF B	USINESS/INDUSTI	RY
1 1	Elementary/Secondary (0-12)	College (1-4 or 5 +)	Nur		н	ealth (Care
COMPI	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S	NAME (First, Middle, Malde		
BE (erbert Wise		Lu			
10	19a, INFORMANT'S NAME (Type/Print)	2.7.6		DDRESS (Street and Number or Run			
	Jeffrey D. Z			Canterbury DISPOSITION (Name of		Laurel,	
	XIXIMirial 2 Cremation 3 A R	temoval from State	natery, crematory or other	mel Cemeter	v 6/14	•	ore, MD
	21. SIGNATURE OF FUNERAL SERVICE		1	22. NAME AND ADDRESS OF	FACILITY		
	Ar I	11/2/11		David J. 5311 Edmonds			
Z		- Rucier	DRy / CAR				
IFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	c	A CONSEQUENCE OF):	come remi			
RTIFI	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	c					
MEDICAL CERTIFI	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events	d	A CONSEQUENCE OF):		In Part I. 24a. WAS A	NA AUTOPSY ORMED?	AMAILABLE PRIOR TO COMPLETION OF CA OF DEATH?
MEDICAL CERTIFI	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in death) LAST PART II. Other significent conditions to the condition of the conditions of the conditions of the conditions of the conditions of the cause	c DUE TO (OR AS A d d tions contributing to deeth b	A CONSEQUENCE OF):	the underlying cause given	In Part I. 24a. WAS / PERF	ORMED?	AMILABLE PRIOR TO COMPLETION OF CA OF DEATH?
MEDICAL CERTIFI	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	cDUE TO (OR AS A	A CONSEQUENCE OF):	the underlying cause given	In Part I. 24a. WAS A PERF	ORMED?	AMAILABLE PRIOR TO COMPLETION OF CAL OF DEATH?
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ED BY PHYSICIAN: MEDICAL CERTIFI	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions to the condition of the condi	DUE TO (OR AS A d. tions contributing to deeth to HOSPITAL: 1 Inpatient 2 ER/Out 28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY (Month, Day, Year)	patient 3 DOA 4	26. PLACE OF OEATH OTHER: Nursing Home 5 Residence of Work? WORK? M 1 YES 2 NO	In Part I. 24a. WAS A PERFIT 1 YES Check only one) 6 Check (Specify)	ORMED? 2 NO VINJURY OCCURE	ANALABLE PRIOR TO COMPLETION OF CA OF DEATH? 1 YES 2 NO
ED BY PHYSICIAN: MEDICAL CERTIFI	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST PART II. Other significent conditions are successful to the significent conditions are successful to the significent conditions are successful to the significent conditions are successful to the significent conditions are successful to the significant con	DUE TO (OR AS A d	patient 3 DOA 4 26b. TIME INJUST T — At home, farm, strotty)	26. PLACE OF OEATH OTHER: Nursing Home 5 Residence of Work? WORK? M 1 YES 2 NO	In Part I. 24e. WAS A PERF 1 YES Check only one) 6 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, Stell ue to the cause(s) and m	ORMED? 2 NO VINJURY OCCURE It and Number or Re Itanner se stated.	ANILABLE PRIOR TO COMPLETION OF CA OF DEATH? 1 YES 2 NO
BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFI	If any, leading to immediate cause. Enter UNDERLYING CAUSE. (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent conditions are also in the condition of	DUE TO (OR AS / d. Clone contributing to deeth to the contributing to deeth to the contributing to deeth to the contributing to deeth to the contribution to the co	patient 3 DOA 28b. TIME INJUIT	26. PLACE OF OEATH (DTHER: Nursing Home 5 Residence OF 28c. INJURY AT WORK? I VES 2 NO eet, factory, office at the time, data and place, and d In my opinion, deeth occured at t	In Part I. 24a. WAS A PERFIT 1 VES Check only one) 6 Other (Specify) 28d. DESCRIBE HOW City or Nown, Stalue to the cause(s) and me tima, deta and place, IUMBER	ORMED? 2 NO NINJURY OCCURE It and Number or Re Partner se stated, and due to the cau	1 YES 2 NC
E COMPLETED BY PHYSICIAN: MEDICAL CERTIFI	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions are supported by the condition of the condition of the condition of the condition of the cause of the	DUE TO (OR AS A d	patient 3 DOA 28b. TIME INJUIT	26. PLACE OF OEATH (DTHER: Nursing Home 5 Residence OF 28c. INJURY AT WORK? I VES 2 NO eet, factory, office at the time, data and place, and d In my opinion, deeth occured at t	in Part I. 24a. WAS A PERFO 1 YES Check only one) a 6 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Stree City or Yown, Stell use to the cause(s) and make time, deta and place, IUMBER	ORMED? 2 NO NINJURY OCCURE It and Number or Re Partner se stated, and due to the cau	AMILABLE PRIOR TI COMPLETION OF CA OF DEATH? 1 YES 2 NO Note of the Number, Note of the Number, Note of the Number,

Harris T. Contract

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 9 4 YEAR Alice Madeline Zepp 3:03A м 6 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. lest birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF SHITH 8. BIRTHPLACE (State or Foreign (Month, Day, Year)
July 21, DAYS HOURS 1 M 2 X F 216-16-4334 72 192 Maryland Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Carroll County Carroll County General Hospital Westminster RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Carroll County 1 YES 2 X NO Keymar permit. FUNERAL 10e STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? detached for use as the burial-transit 1610 Francis Scott Key Highway 21757 U.S.A retained by the hospital or attending physician. 11 MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 ☐ YES 2 ☒ NO Specify: IF YES, GIVE WAR OR DATES Specify: BY 3 Widowed 4 Divorced White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION pecify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY (Spe Elementary/Secondary (0-12) College (1-4 or 5+) 7 Food Manager Restaurant 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) funeral director, page 5 should be 듉 Edward F. Smoot Elizabeth Sealock BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Philip F. Zepp 1610 Francis Scott Key Highway, Keymar, MD 21757 nours after death. Page 6 may be 9 20 METHOD OF DISPOSITION
1 ➡ Buriat 2 ➡ Cremation 3 ➡ Removal from State 20h. PLACE AND DATE OF DISPOSITION /Name of 20c. LOCATION - City or Town, Stata DATE must 4 ☐ Donation 5 ☐ Other (Specify) Lorraine Park Cemetery 6/14/94 Baltimore, Maryland examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Brian HAIGHT FUNERAL HOME (P.O. Box 195) Har the attending physician and completely filled in by the i Mental Hygiene prior to burial, cremation, or removal. Sykesville, MD 21784 (410)-795-1400 medical 23. PART I. Enter the disesses, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata Intarval Between shock, or heart fallure. List only one cause on each lina. Onset and Dasth IMMEDIATE CAUSE (Final the disease or condition Mh DUE TO (OR AS A CONSEQUENCE OF): 100 event, reaulting in death) the death certificate be executed with traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): prior to if any, leading to immediata cause. Entar UNDERLYING CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST ö Injury, PART II. Other significant conditions contributing to death but not reaulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL and of PERFORMED? MAILABLE PRIOR TO OR ATTENDING PHYSICIAN: The law requires that any COMPLETION OF CAUSE signed 1 1 TES 2 NO shows 1 YES 2 NO has been s Dept. of H n 23 show PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) this certificate h tem HOSPITAL: OTHER:
4 | Nursing Home 5 | Residence 8 | Other (Specify) 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 50 the 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c, INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Natural 5 Pending investigation М 1 YES 2 NO BY After death 2 Accident DIRECTOR: Aft hours after dea Item 28 is n 3 Sulcide 28a. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Homicide hours Item 29a. CERTIFIER

(Check only

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. TO THE HOSPITAL
TO THE FUNERAL I
Be filed within 72 h
IMPORTANT: If II (Check only one) HOSPITAL 2 MEDICAL EXAMINER: On the besia of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) B 13/94 wo 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

JUN 1 4 1994

DALLINORE, MA	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 sh be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be not	l
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	E O	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MPC	
	F	F 5	=	

	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.												
	1. DECEDENT'S NAME (First, Middle, Last) Alston, Ir.					2. DATE OF DEATH DAY PEAR DL 13 94			3. TIME OF DEATH 10:45 A M				
	4. SOCIAL SECURITY NUMBER 219 – 38 – 4797	5. SEX 1 M 2 F	6. AGE (In yrs. les	yrs.	IF UNDER	DAYS	IF UNDER	MIN.	7. DATE (Mont) MAR	OF BIRTH 9	39 ,19		PLACE (State or Foreign
TOR	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF GEATH 9c. COUNTY OF DEA						EATH						
DIRECTOR	RESIDENCE OF DECEDENT 106. STATE 106. CITY, TOWN OR LOCATION MARYLAND 10d. INSIDE CI MARYLAND 10d. INSIDE CI LIMITS? A BALTIMORE							10d. INSIDE CITY LIMITS? 1 1 YES 2 NO					
FUNERAL								VNAT COUNTRY?					
BY	M W Indian matter							t, White, etc.					
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 12 th 2 years LABORER BALTO.CITY DEPT. ED.							T. ED.					
BE CON	HERBERT AESTON SK.												
TO E	19a. INFORMANT'S NAME (Type/Print) ANN ALSTO	N	19	1703	AODRES	S (Street a	nd Numbe TVIE	or Aural	VE.	BALT	I MOF	E, M	D 21213
	20a. METHOD OF DISPOSITION XIX Burisi 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) CPPT ARBUTUS, MD												
	21. SIGNATURE OF FUNEBAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY WM. C. MARCH FH1101 E. NORTH AVE												
								Approximate Interval Between Onset and Death					
CERTIFICATION	PART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part I. PERFORMED? 1 YES 2 NO PERFORMED? 1 YES 2 NO 1 YES 2 NO												
MEDICAL								AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?					
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPIAL: OTHER:												
HYS	1 UPS 2 NO 1 Montlent 2 ER/Outpatient 3 DOA 4 Nursing Nome 5 Residence 6 Other (Specify) 27. MANNER QS-BEATH 28s. OATE OF INJURY 28s. TIME OF 28s. INJURY AT 28s. OESCRIBE HOW INJURY OCCURED												
28s. OATE OF INJURY 1													
9	3 Suicide 8 Could not be datarmined 28s. PLACE OF INJURY — At home, farm, street, factory, offica building, atc. (Specify) 28s. PLACE OF INJURY — At home, farm, street, factory, offica City or Town, State)						loute Number,						
COMPLET	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and place, and dus to the cause(s) and manner as stated.												
BE C	296 AGNATURE AND TITLE OF PERTIFIER WINDS NO SET 29c. LICENSE NUMBER 29d. DATE SIGNED (Mgnth, Day, Year)												
5													
	31. DATE FILED (Month, Day, Year) 32. PROISTRAR'S SIGNATURE												
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THE PERSON OF TH	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2× frours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNEFAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 sho be filled within 7.2 bloss after death with the State Dept. Of Health and Merial Hygher privile control of the state of the s
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	1 - FOR STATE OF MARYLAND / DI REGISTRAR CER	DEPARTMENT OF HEAL RTIFICATE OF DE	LTH AND ME EATH	ENTAL HYGIENI REG. NO.	E		
11 00 11	1. DECEDENT'S NAME (First, Middle, Last) Mary A. Aldridge			2. DATE OF DEATH DAY	Y YE	3. TIME OF DEATH 4,05 A M	
	044 00 4707	YRS. MONTHS DAYS HOU	URS MIN.	Month, Day, Year)	Ma	BIRTHPLACE (State or Foreign Jountry) Tyland	
DIRECTOR	Section of Seath						
	100. STATE 10b. COUNTY 10 Md. 100. STREET AND NUMBER	10c. CITY, TOWN OR LOCATION Baltimore 10d. INSIDE LIMITST 1X YES 2					
FUNERAL	257 Oaklee Village	101. ZIP (21229		109. CITIZEN	OF WHAT COUNTRY?	
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3XXWidowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	II yes, specify (13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— 14. If yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 YES 2 X NO Specify:				
COMPLETED	(Specify only highest grade completed) (Give killer. Do	DENT'S USUAL OCCUPATION kind of work done during most of wo NOT use retired.) Homemaker	working	16b. KIND OF BUS	Home	PY	
BE	17. FATHER'S NAME (First, Middle, Last) John A. McIsaac	16. 8	Mary A	(First, Middle, Maiden S	Sumame)		
2	Joseph McIsaac 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 128 B Nunnary Lane, Catonsville, Md. 21228						
	20e. METHOD OF DISPOSITION 1 Burlel 2 Q Cremetion 3 Removal from State 4 Donetion 5 Other (Specify) The Green Mount Cemetery 20b. PLACE AND DATE DISPOSITION (Name of Competery, Crymatory or other glace) The Green Mount Cemetery A Date Competery, Crymatory or other glace) Balto., Md.						
	22. NAME AND ADDRESS OF FACILITY Gary L. Kaufman Funeral Homes 5695 Main St., Elkridge, Md. 21227						
	23. PART I. Enter the disease or complications that ceused the deeth. Do not enter the mode of dying, such as cerdiec or reapiratory arrest, shock, or heart future. Liet only one ceuse on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) PULMONARY THROMBOEMBOLISM, OCCLUSIVE LEFT Due To (or AS A CONSEQUENCE OF):						
CERTIFICATION	The state of the s						
	Bronchopneumonia, acute, confluent, bilateral Bronchopneumonia, acute, confluent, bilateral PERFORMED? AMALABLE PRIOR TO COMPLETION OF CAUSE DE DEATH?					COMPLETION OF CAUSE	
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO						
ETED BY PH	M 1 YES 2 NO						
COMPLET	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basic of exemination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(e) and manner as stated.						
TO BE (29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Dey, Year) D09990 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)						

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Page 6 may be retained by the hospital or attending physician. director, page 5 should be detached for use as the bunal-tran **BALTIMORE, MARYLAND 21215-0020** Раде 6 тау be death. F

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1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH MONT 12, 1994 BARKSDALE ALTNE GIBSON n/a 4. SOCIAL SECURITY NUMBER 5. SEY 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign JUL22, 1932 213-32-7349 HOURS 61 1 M 2 X K 5. YRS. "CAROLINA use as the bunal-transit permit. Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give atreet and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 3802 ROKEBY ROAD BALTIMORE CITY DIRECTOR n/a RESIDENCE OF DECEDENT 10e. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY V LIMITS? YES 2 NO MARYLAND n/a BALTIMORE 10e. STREET AND NUMBER FUNERAL 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? STATES 3802 ROKEBY ROAD 21229 UNITED 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 Merried If yes, specify Cuben, Mexicon, Puerto Ricon, etc.) 3 XVIdowed 4 Divorced 1 TYES 2 TYNO В Specify: BLACK COMPLETED 15. DECEDENT'S EDUCATION 18e. OECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b, KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) 6 S T College (1-4 or 5+) domestic n/a once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname)
BESSIE LOCKLEAR CLIFTON JACKSON SR. 70 BE notified 190. INFORMANT'S NAME (Type/Print) ALBERTA (Street and Number or Purel Poute Number, City or Town, State, Zip Code), MD 21231 2 GIBSON Pe 20s, METHOD OF DISPOSITION
X X Burlel 2 Cremetion 3 Removal from State
4 Donation 5 Other (Specify) 20c. LOCATION - City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of OATE must WESTERN PST AR CATONSVILLE, MD CEMETERY 21. SIGNATURE QUITUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY WM. C. MARCH FH.-1101 E. NORTH AVE. the other traumatic event, the medical 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory strest, 3 Approximeta shock, or heart fellura. List only one cause on each line. intarvai Between 0 IMMEDIATE CAUSE (Final Onset and Death Acute myocendial inferetion suspected cremation, disease or condition resulting in dasth) DUE TO (OR AS A CONSEQUENCE OF): and com Housebroke hearn't disease CERTIFICATION Sequentially list conditions, TO (OR AS A CONSEQUENCE OF): prior to If any, leading to immediata cause. Enter UNDERLYING Congestive hoomt CAUSE (Disesse or injury OUE TO (ON AS A CONSEQUENCE OF): that initiated events Comehra rusaclan diseane resulting in desth) LAST 6 the atten Mental h 23 shows any injury, PART ii. Other algnificent conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO MEDICAL a d Schrepmenia signed Health a COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 TYES 2 T NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES [] NO [] Dept. PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL Item 2 26. PLACE OF OEATH (Check only one certificate to the State **EXAMINER?** HOSPITAL: 1 YES 2 NO OTHER: 1 | Inpatient 2 | ER/Outpatient 3 | DOA g Home 5 Reeldence 6 Other (Specify) the 0 27. MANNER OF DEATH 280. OATE OF INJURY marked, 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCUREO this c 1 Natural 1 YES 2 NO After t BY Investigation 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 50 3 Suicide 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED L DIRECTOR: A hours after d item 28 is 8 Could not be 4 | Homicide 29e. CERTIFIER

(Chark only

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner as stated. TO THE HOSPITAL OF THE FUNERAL D DE filed within 72 ho (Check only one) 2 __ MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occured at the time, date end piece, end due to the ceuse(e) end menner ee stated. 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. OATE SIGNED (Month, Day, Year) CH DESAI NO 6/14/94 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 410 342:8446 Baltimore MD DINKY

SUL MO 208

4660

31. DATE FILED (Month, Day, Year)

Willens

32. REGISTRAR'S SIGNATURE

	REGISTRAR	STATE OF MARYLANI	CERTIFICATE (OF DEATH	REG. NO		
	1. DECEDENT'S NAME (First, Middle, Last THO MAS 4. SOCIAL SECURITY NUMBER	BROW	BRO		2. DATE OF DEATH 6		3. TIME OF DEATH
	577 68 472 9a. FACILITY NAME (If not institution, giv	8 1 M 2 D F 4 I	YRS. MONTHS D	WN OR LOCATION OF DE	(Month, Day, Year) 09 13 50	9c. COUNTY OF	DEATN
DIRECTOR	HYATTS VILLE RESIDENCE OF DECEDENT 10a. STATE 10b. COU		HYA:	OCATION OCATION		PRINC	10d. INSIDE CITY
_	Maryland Pri 100. STREET AND NUMBER 6500 Riggs Ro	nce Geo co	Нуа	attsville		10g. CITIZEN OF	LIMITS? 1 YES 2 NO WHAT COUNTRY?
BY FUNERAL	11. MARITAL STATUS 1	12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	□NO If ye	DECENDENT OF NISPAI e, specify Cuben, Maxica YES 2 NO Specify	n, Puerto Rican, etc.)	Blee	CE — American Indian, ck, White, etc.
ETED	15. DECEDENT'S EI (Specify only highest gra Elementary/Secondary (0-12)		DECEDENT'S USUAL OCCU (Give kind of work done durin life. Do NOT use retired.)		16b. KINO OF BU	I SINESS/INDUSTRY	
BE COMPL	17. FATNER'S NAME (First, Middle, Last)			18. MOTHER'S NA	ME (First, Middle, Maiden	Sumame)	
TO B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AOORESS (St	reet and Number or Rural i	Route Number, City or Tow	n, State, Zip Code)	
	20a. METNOD OF DISPOSITION 1 General Burlet 2 Greenation 3 Received 4 Donation 5 General Other (Specify)	n State cemetary			1.00	CATION — City or 1	Town, State
	21. SIGNATURE OF PUNEMAL SERVICE	suale	655	W.Baltim	State oreSt,Bal	lto,MD2	ny Board 1201
	IMMEDIATE CAUSE (Final	e. List only one couse on each	death. Do not enter the	mode of dying, suc	h aa cardlec or respi	fratory erreat,	Approximete interval Betw
TION	Sequentielly list conditions, if any, leading to immediate	DUE TO (OH AS A CO)	DATOLISEONENCE OLI III	Ladi	Jailu Mi.	m	I Man
ERTIFICATION	resulting in death) Sequentielly list conditions,	DUE TO JOH AS A CO	PACE AS AND	Lasty Lasty Raysi	tailu M Whens	re grdu	I dh I huon unka milainta
: MEDICAL CERTIFI	resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST PART II. Other highlificagt conditions to the condition of the cause of the	DUE TO (OR AS A CO) DUE TO (OR AS A CO) DUE TO (OR AS A CO) DUE TO (OR AS A CO) DUE TO (OR AS A CO)	ISEQUENCE OF THE STATE OF THE S	Laysu Raysu Mark tying cause given in	Pert I. 24a. WASAN PERFO	IMED?	MACHANIA PRIOR TO AMALABLE PRIOR TO
: MEDICAL CERTIFI	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions are case represented to MEDICAL EXAMINER?	HOSPITAL:	отней	S PLACE OF DEATH (Ch.	1 VES 2	IMED?	MON MERE AUTOPSY FINDI MAILABLE PRODUT TO COMPILETION OF CAU OF DEATH?
EDICAL CERTIFI	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in death) LAST PART II. Other significant conditions to the cause representation of Death 1 YES 2 TO 22 MANNEER OF DEATH 2 Accident investigation investigation	HOSPITAL: 1 Imputtant 2 ER/Outpetien 28s. DATE OF HAJUSY (MONTH, Day, Year)	2 3 00A OTHER: 2 3 00A 4 Nuraing 28b. TIME OF 28c	FLACE OF DEATH (Ch. Home 5 Theidence INJURY 7 TYPE 2 NO	1 VES 2	MED?	MACH MACH MALABLE PRIOR TO COMPILETRON OF CAU OF DEATH?
ED BY PHYSICIAN: MEDICAL CERTIFI	PART II. Other bignificage conditions PART II. Other bignificage conditions Examiner PART II. Other bignificage conditions PART II. Other bignifications PART II. Other b	HOSPITAL: 1 Inpetient 2 ER/Outpatient 28s. DATE OF HUUSTY (Month, Day, Year) 28s. PLACE OF INJURY — A building, etc. (Specify)	290. TIME OF 28c INJURY M 1	PLACE OF DEATH (Chi Home 5 Residence INJURY AT WORK? YES 2 NO	1 YES 2 1 YES 2 1 YES 2 1 Other (Specify) 26d. DESCRIBE HOW a City or Town, State)	NAUMY OCCURED	Mene autopsy find Markable Product To Compression of Cau
D BY PHYSICIAN: MEDICAL CERTIFI	PART II. Other significant conditions. If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions are supported by the significant condit	HOSPITAL: 1 Inpitiers 2 I ER/Outpatien 28s. DATE OF HUJUSY (Month, Day, Year) 28s. PLACE OF BUJUSY A	2 3 DOA a Nursing 290. THE OF 28c INJURY M 1 1 home, farm, street, factory, death occurred at the time,	PLACE OF DEATH (Chi Home 5 Trasidence INJURY AT WORK? YES 2 NO office	1 YES 2 10 YES 2 10 YES 2 10 Other (Specify) 26d. DESCRIBE HOW a City or Town, State) 10 the cause(s) and mar	HAURY OCCURED And Multiber or Rural	Month Mouth Manual Mouth

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F VITAL RECORDS, P.O. BOX 68760	And the same of the same
RECORDS,	4 4 4 4 4
F VITAL	

7LAND 21215-0020

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within, fours after death. Page 6 may be retained by the hospital or attending physician.	RECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should its after death with the State Dect. of Health and Mental Hydiene prior to burial, cremation, or removal.	m 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIA	TO THE FUNERAL DIRECTOR: After this certi- be filed within 72 hours after death with the	IMPORTANT: If Item 28 Is marked, or

DIRECTOR

FUNERAL

BY

COMPLETED

BE

2

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPLETED

BE 2 30

25. WAS CASE REFERRED TO MEDICA 1 TES 3 NO

5 Pending

8 Could no determine

27. MANNER OF DEATH

1 Natural

2 Accident 3 Sulcide

4 Homicide 29s. CERTIFIE

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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH OF 6 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year IF UNDER 1 YEAR IF UNDER 24 HRS. 6. BIRTHPLACE (State or Foreign DAYS -32-1909 1 M 2 V F Va. 07-18 Ss. FACILITY NAME (If not institution, give str 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Lorien Norsing Home 6334 Cerio Howard RESIDENCE OF DECEDENT 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY 1 YES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2803 Riggs Ave. 21216 U.S. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, Whits, atc. Specify: Back 1 Never Married 2 Married 3 Widowed 4 Divorced 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surneme) Lucius Minor 19s. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Riggs Ave. Balto. Md. 21216 Husband Robert Brooks Jr. 204. METHOD OF DISPOSITION
1 Buriet 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, Stats DATE National Mem. Park Laurel, Md. 6/18/94 4 Donation 6 Other (Specify) 21. SIONATURE OF FUNERAL SERVICE LICENSEE 2. NAME AND ADDRESS OF FACULTY
Wainwright Funeral Home 700 Edmondson Ave. 21223 23. PART I. Enter the diseases, or complications that coused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximate ahock, or heart fellure. List only one cause on each line Interval Between IMMEDIATE CAUSE (Final Onset and Death ofeniorelevotic heart descare
DUE TO (OR AS A CONSEQUENCE OF:
MA Stage Congestive heart Furliere disease or condition resulting in death) Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events

DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART Ii. Other significant conditions contributing to death but not recuiting in the underlying ceuse given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE

AL			28. PLACE OF DEATH (C	check only one)
	HOSPITAL: 1 Inpatient 2 ER/Outpatient 3	DOA 4 No	R: irsing Home 6 - Residence	6 Other (Specify)
lon	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	26c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW INJURY OCCURED
t be	26s. PLACE OF INJURY — At ho building, etc. (Specify)	me, farm, street, fa	ctory, offics	261. LOCATION (Street and Number or Rural Route Number, City or Town, State)

1 | YES 2 | NO

,	1 🗌	CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.
	2 🗌	MEDICAL EXAMINER: On the besis of examination end/or investigation, in my opinion, death occurred at the time, data and place, and dus to the cause(s) and menner as stated

		, , , , , , , , , , , , , , , , , , , ,	
96. BIGHATURE AND TITLE OF CERTIFIER	1 1	29c. LICENSE NUMBER	29d. DATE SIGNED (Month, Day, Year)

96. BIGHATURE AND TITLE OF CERTIFIER	1 1	29c. LICENSE NUMBER	29d. DATE SIGNED (Month, Day, Year)
11. 11.11.11.11.11.11.11.11.11.11.11.11.	1) 11/1/10	12721	1 1 1 2 . 14 . 1

Vuctored Port on welley	031541	6/14/9
NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	0	1 6

KOL ODRUM	SET.7. 9501	OLD Amopolis	Road	Ellicott Cit
JUN 15 1994	32. AEGISTRAR'S SENATU	IRE .		MD 21041

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DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with post of the found of the following physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	rediotroit			- 1 1 1 1 1	OAIL	/ DEA		REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last)	Dycie Ar	an Rev					2. DATE OF DEATH	w 1(994° 3.	TIME OF DEATH	7
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. las	histosoma	IF UNDER 1 YE	an I ar i man	7.04.1990	7. DATE OF BIRTH	1.			
H	212-22-0048	1 M 2 VF	73	(Month Day Vans)			8. BIRTHPLACE (State or Foreign Country)					
	9a. FACILITY NAME (If not institution, give st	reet and number)			9b. CITY, TO	b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH						
OR	1120 WEDGEWOO	D RD			BA	OT						
5	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY					75						
DIRECTOR	MD 100. COUNTY				, town or li LTO	CATION					d. INSIDE CITY LIMITS? X YES 2 NO	,
	10e. STREET AND NUMBER					101. ZIP COI	DE		10g. CITI	ZEN OF WHA		$\overline{}$
FUNERAL	1120 WEDGEWO	OD RI)		0	2	1229		1	USA		
5	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AR	MED	13. WAS	DECENDENT	OF HISPANI	C ORIGIN? (Specify Yes	or No-	14. RACE —	American Indian, hite, etc.	
							Black					
							DTACK	_				
ET	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5	(Gi	ve kind of w Do NOT us	rork done durin e retired.)	most of work	ing	20072100				
COMPLETED				HC	USEW:	FE						
8	17. FATHER'S NAME (First, Middle, Last)					18. MO		IE (First, Middle, Maiden				
BE	CHARLES GILL	IAM					MAG		-			
٩	19a. INFORMANT'S NAME (Type/Print) DORIS GILLI	7\ M						DAT TOO				
	DORIS GILLI 20s. METHOD OF DESCRIPTION 1 Burlan Comments 2 Page 1				FDISPOSITIO			BALTO,		City or Town.	C1-1-	
	1 Burlet 3/Cycremation 2 Plemo 4 Dorumen 5 There (Specify)	Yel from State	METR	matory or of	REMA	ORY		61594 BA			State	
	21. SAMATURE OF PAIERAL SERVICE LIGHNEE 22. NAME AND ADDRESS OF FACILITY Manager F (1) Light											
	Herone	H. J	hompso	n. To				est h Avenue	Ral	to M	1 21215	
	23. PART I. Enter the diseeses, or c shock, or heart fallura.	omplications the	it coused the de	eth. Do n		mode of d	ing, such	ss cerdisc or respi	retory srr	rest,	Approximete	
	IMMEDIATE CAUSE (Finel										Interval Batw Onset and D	
	disease or condition resulting in death)	Head	and no	ck	can	Jer					year	15
		DUE TO	(OR AS A CONSED	UENCE OF):							
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE DF): c. DUE TO (OR AS A CONSEQUENCE OF): d.												
S	cause. Enter UNDERLYING	2										
F	CAUSE (Disease or Injury that initiated events resulting in death) LAST C. DUE TO (OR AS A CONSEQUENCE OF): d.											
ER												
	PART II. Other significent conditions	s contributing to	deeth but not n	esulting i	n the under	ying ceuse	given in P				RE AUTOPSY FINDI	
EDICAL								1 YES 2		co	AILABLE PRIOR TO IMPLETION OF CAUS DEATH?	
ME											YES 2 NO	- 1
	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO State PRICE NO DESCRIPTION OF STATE OF DEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:											
CIA								=				
1 YES 2 NO 1 Inpettent 2 ER/Outpettent 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)												
M 1 YES 2 NO 2 Accidant investigation investigation 2 Notice and Number or Rural Route Notice building, etc. (Specify) 2 Accidant investigation 2 Notice 2							ı					
						Number						
						or rieral riods	rromoer,					
J.E	29a. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of	my knowledge, de	eth occurre	d at the time.	data and plac	e, and due t	o the cause(a) and mar	roer on stat	ad.		
COMPLET	one) 2 MEDICAL EXAMINE										d manner aa state	ed.
ш	296. SIGNATURE AND TITLE OF CERTIFIER					,29c. LIC	ENSE NUME	BER	29d. DAT	E SIGNED (Mo	orith, Day, Year)	
TO B	phoeina	er my	>			D.	371	44	1 6	0/13	194	
	30. NAME AND ADDRESS OF PERSON WHO	1.			Print) Dark	Au	O	0100	1.5	1		
	DUSCUN M. INO	LIMMO	MUIN (clit	CIVK	1100	150	LITTUM AND	M	1).	7	- 1
				Suscen M. Malinera MD GIL Park Are, Baltmare MD 21201 31. DATE FILED / MODITY OF SELFCHISTER ST. SCHANGEL JUN 15 1994 Jun 25 MINISTER ST. SCHANGEL							201	

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B	BALTIMORE, MARYLAND 21215-0020	death. Page 6 may be retained by the hospital or attending physicia
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	8760,	suted within

		STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH REG. NO.	1	CERTIFICATE OF DEATH	REG. NO.

	1 - FOR STATE OF MAR	YLAND / DEPARTM CERTIFICA	ENT OF H	EALTH AND I	MENTAL HYGIEN	E		
	1. DECEDENT'S NAME (First, Middle, Last)	02.117.11.107	112 01	DEATH	2. DATE OF DEATH		3. TIME OF DEATH	
	EUGENE PHILLIP	BREWINGT	'ON	Sr.	MONTH DA		5.10 P M	
	4. SOCIAL SECURITY NUMBER 5. SEX 8. A	GE (In yrs. last birthday) Ft	INDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIRT	HPLACE (State or Formion	
	214-18-4124 NOM2 OF	71 YRS. MON		HOURS MIN.	-	,1923°°N	Maryland	
œ	9e. FACILITY NAME (if not institution, give street end number)			R LOCATION OF DE	АТН	9c. COUNTY OF		
DIRECTOR	204 COVE ROAD		SSEX			BALTIM	ORE	
	10e. STATE 10b. COUNTY	10c. CITY, TO	WN OR LOCAT	ION			10d. INSIDE CITY	
5	Md. Baltimore			Essex			1 TES TO NO	
¥	10e. STREET AND NUMBER		101	21221		10g. CITIZEN OF	WHAT COUNTRY?	
FUNERAL	204 Cove Road 11. MARITAL STATUS 12. WAS DECEDENT EVE	D IN II C ADMED	40 1170 050					
	1 Never Merried 2 Merried FORCES? 1 J Y	ES 2 NO	If yes, spe		IC ORIGIN? (Specify Yes n, Puerto Ricen, etc.)	Blee	E — American Indian, ck, White, etc.	
Ř	3 Widowed 4 Divorced	TONIES	1 1 723	2 X NO Specify		Spe	White	
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	18a. DECEDENT'S USUI (Give kind of work of	done during mos	N st of working	16b. KIND OF BUS	INESS/INDUSTRY		
COMPLET	Elementary/Secondary (0-12) College (1-4 or 5+)	ille. Do NOT use reti			İ			
S	17. FATHER'S NAME (First, Middle, Last)	J DISAD.	Lea	18. MOTHER'S NAI	ME (First, Middle, Maiden	Sumame)		
BEC	William Brewingto	n			ertrude	Ennis		
ם מ	19e. INFORMANT'S NAME (Type/Print)	19b. MAILING ADD			Route Number, City or Town			
-	Elizabeth Brewington	204	Cove	Road Ba	ltimore	MD. 212	221	
		20b. PLACE AND DATE OF DIS cemetery, crematory or other p	lacel			CATION — City or T	(C) (C) (C) (C) (C) (C) (C) (C) (C) (C)	
	4 U Donation 5 U Other (Specify)	Garrison	Fores	tCemter	y6/16/94	Baltin	more MD.	
	· R - ()				neral Ho	me of	Essex	
4	23 PART I Enter the diseases of condition that are	elly	30	O Mace	Avo Bal	timore	Md. 21221	
	23. PART I. Enter the diseases, or complications that cau shock, or heart feilure. Elst only one cause of	neach line.				ratory srreat,	Approximata intervel Between	
	IMMEDIATE CAUSE (Finel disesse or condition	both.	· da	to	elof H	0 0	Onset and Death	
	reaulting in death) a	S A CONSEQUENCE OF):	J)-ZPO	y wou	wel in	122		
2	Converted to the second							
ALICA	IT sny, lesding to immediate	S A CONSEQUENCE OF):						
3	cause. Enter UNDERLYING CAUSE (Disease or Injury thet initiated events C. DUE TO (OR A	S A CONSEQUENCE OF:						
	resulting in death) LAST						į l	
2	DADT II Other classificant conditions as a likely at 4 at							
3	PART II. Other significent conditions contributing to deat	Dut not resulting in th	e underlying	cause given in I	PERFOR	MED?	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
	7.00	×-3			1 YES 2	□ NO	COMPLETION OF CAUSE OF DEATH?	
Σ	DID TOBACCO USE CONTRIBUTE TO	CAUSE OF DE	ATH Y	S NO			YES 2 NO	
AN	25. WAS CASE REFERRED TO MEDICAL			ACE OF DEATH (Che	ick only one)			
TSICIAN	1 TYES 2 NO HOSPITAL: 1 Inpetient 2 ER/C		HER: Nursing Home	€ Terfesidence	a Other (Specify)			
5	27. MANNER OF DEATH 28e. DATE/OF INJUI	28b. TIME OF	28c, INJI WDI	RK?	28d DESCRIBE HOW IN	JURY OCCURED	-11	
5	2 Accident Investigation	y UNIC	M 1 7		supject	SHULZ	elo	
3 Suicide a Could not be determined 28e. PLACE OF INJURY — At home, ferm, street, fectory, office City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number of Rural Route Number								
	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my ki			and also as a did		COVC		
	(Check only 1 SERTIFFING PATSICIAN: 10 the best of my kilone) 2 TAMEDICAL EXAMINER: On the basis of examina						s) end menner es stated.	
5	296. SIGN TUBE AND TITLE OF CENTIFIER	_		29c. LICENSE NUM			D (Month, Day, Year)	
	/ aur wele N	(D)		O.C.M		JUNE		
-	36. Name AND Appliess OF PERSON WHO COMPLETED CAUSE OF	DEATH (ITEM 27) (Type, Print)		3.0.11		JONE	1 13,1334	
	John Bett (M)	111 Penn	Stree	et, Bal	timore, I	Marylan	d 21201	
	JUN 1 5 1994 Fisher Dev	CHATURE CANCELLE		-				
1	2 0 1007	con-Nover						



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1 of her marketing to fire

1 Sec. 1

There has been a small

Carried - Company

94

9c. COUNTY OF DEATH

10g. CITIZEN OF WHAT COUNTRY?

N/A

UNITED

3. TIME OF DEATH

8:00

10d. INSIDE CITY

X YES 2 NO

STATES

14. RACE — American Indian, Black, White, etc.

Specify: BLACK

E.NORTH AVE.

Approximete

Intervel Between

Onset and Death

~104C

24b. WERE ALTOPSY FINDINGS

1 YES 2 NO

OF DEATH?

29d. OATE SIGNEO (Month. Day, Year)

June -13 - 94

AVAILABLE PRIOR TO COMPLETION OF CAUSE

8. BIRTHPLACE (State or Foreign

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

FOR STATE REGISTRAR

1 -

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH tha. R. G. May JUNC 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR ?. DATE OF BIRTH IF UNDER 24 HRS. 217-12-9174 JUL.31,1920 MARYLAND 1 - M 2 XX 72 73 use as the burial-transit permit, Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH GOOD SAMARITAN HOSPITAL DIRECTOR BALTIMORE CITY RESIDENCE OF DECEDENT MARYLAND 10b. COUNTY 10c, CITY, TOWN OR LOCATION N/AA BALTIMORE FUNERAL 10e. STREET AND NUMBER 101 ZIP CODE 501 E. PRESTON ST. APT.413 21202 11. MARITAL STATUS

A Never Merried 2 Merried 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or Noif yes, specify Cuben, Maxican, Puerto Rican, etc.)

1 YES 2 X XO Specify: FORCES? 1 YES 2 2 NH BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) WAITRESS N/A 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) MAGGIE THOMPSON S. BE notified 19a. INFORMANT'S NAME (Type/Print)
DORIS LIGHTNER 19b. MAILING ADDRESS (S 2 COLDSPRING LANE, BALTIMORE, MD#12 730 Ε. be 204. METHOD OF DISPOSITION
1/ Buriel 2 Cremetion 3 Removel from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION -- City or Town, State must BACTIMORE (CEMETERY BALTIMORE, MD 4 Donation 5 Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSE 22. NAME AND ADDRESS OF FACILITY С. MARCH FH.-1101 medical 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiretory arrest, shock, or heart feliure. List only one ceuse on each line. 0 **IMMEDIATE CAUSE (Finel** completely filled the disease or condition with liver metastasis east resulting in death) traumatic event, OUE TO (OR AS A CONSEQUENCE OF) and com CERTIFICATION Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF): attending physician a if any, leading to immediate ceuse. Enter UNDERLYING requires that the death certificate be CAUSE (Disease or injury that initiated events other DUE TO (OR AS A CONSEQUENCE OF) resulting in death) LAST 0 signed by the atter Injury, PART if. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part i. PHYSICIAN: MEDICAL 24s. WAS AN AUTOPSY PERFORMED? any 1 - YES 2 NO Shows been : has be Dept. HOSPITAL OR ATTENDING PHYSICIAN: The law 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) item this certificate h HOSPITAL OTHER 1 TYES 2 NO Inpetient 2 - ER/Outpetient 3 - DOA 4 Nursing Home 5 Residence 6 Other (Specify) 9 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED marked, 1 X Natural 1 YES 2 NO After t ВY 2 Accident 28s. PLACE OF INJURY — At home, farm, streat, factory, office bullding. stc. (Specify) 3 Sulcide 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 59 S Could not be COMPLETED DIRECTOR: 4 Homicide 28 determined Hem 1 X CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. TO THE HOSPITAL TO THE FUNERAL E be filed within 72 h (Check only one) 2 MEDICAL EXAMINER: On the basis of axa singtion and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated. STONATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 110 7619 2 ESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type Print)
1, Good Samaritan Hoxpital 5:01 Luch Raven BIVd, Ballo My 21239

DHMH-15 Rev 1/89

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DHMH-16 Rev 1/89

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DIVISION	the same management of the same of the sam
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		1 - STATE REGISTRAR	STATE OF MARYL		RTMENT OF H		MENTAL HYGIEN					
		1. DECEDENT'S NAME (First, Middle, Last) Bernadette	Rosetta	C	22402		2. DATE OF DEATH MONTH	AY YE	3. TIME OF DEATH			
		4. SOCIAL SECURITY NUMBER		In yrs. last birthday)	arter FUNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	100	SIRTHPLACE (State or Foreign			
P	1	214-64-6373	1 M 2 X F	40 YRS.	MONTHS DAYS	HOURS MIN.	AUG 14,	1953 B	AL'TIMORE, MD			
2, 3 should	~	9e. FACILITY NAME (If not institution, give st				OR LOCATION OF D	EATH	9c. COUNTY	OF DEATH			
1, 2, 3	OT.	Union Memorial Hospital Baltimore City n/a RESIDENCE OF DECEDENT 100 STATE 100 COUNTY										
sages	DIRECTOR	MADVIA AND		10c. CIT	Y, TOWN OR LOCA			10d. INSIDE CITY				
permit. Pages 1,		MARYLAND n	ı/a		BALTI	LMURE		I	Y YES 2 NO			
155	FUNERAL		D AVENUE		10	21218		UNIT	ED STATES			
bours after death. Page 6 may be retained by the hospital or attending physician. I in by the funeral director, page 5 should be detached for use as the burial-transit or removal. medical examiner must be notified at once.	B	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 X XIO	II yes, sp		NIC ORIGIN? (Specify Year, Puerto Ricen, etc.)		RACE — American Indian, Black, White, etc. Specify: BLACK			
al or attending for use as the	日	15. OECEDENT'S EDUC (Specify only highest grade		(Give kind of	USUAL OCCUPATION		16b. KIND OF BU	SINESS/INDUST	RY			
pital or	PLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	IIIe. Do NOT u	employe		n/	/ a				
the hospit detached once.	COMPL	17. FATHER'S NAME (First, Middle, Last)		011		_	ME (First, Middle, Maiden					
aid be o	BEC	JOHN WILLIE	GEE			VERA	KINBALL					
y be retained by age 5 should I be notified	2	190. INFORMANT'S NAME (Type/Print) VERA TURNAGE		224		FORDD	AVE, BALT		,MD 21218			
rs after death. Page 6 may be to by the funeral director, page removal.		20e. METHOD OF DISPOSITION 1 💢 Kurlel 2 🗆 Cremetion 3 🗆 Remo 4 🗆 Donetion 5 🗆 Other (Specify)	oval from State 20b.	PLACE AND DATE	OF DISPOSITION (NO. 1)	RIAL I		RBUTU				
death. Pag tuneral die I. examiner		21. SIGNATURE OF FUNERAC SERVICE LIC	DISEE I)		ND ADDRESS OF FA		.1 .				
the fur yal.		WM.C.MARCH FH1101 E. NORTH AVE. 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory strest, Approximate										
ety filler nation,		23. PART I. Enter-tyle dissesses, or c shock, or heert failure. I iMMEDIATE CAUSE (Finel disease or condition resulting in death)	List only Die ceuse on ea	DIAC	ARRE		h es cerdiec or resp	iretory srrest,	Approximete Interval Between Onset and Death			
executed with and complet to burlal, cremmatic event	_		HYD	CONSEQUENCE O	F):				3 MONTHS			
e _ e =	TIO	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	DUE TO (OR AS A CONSEQUENCE OF):					3 MONTHS			
ficate t physici ne prio	FICA	CAUSE (Disesse or Injury		RILMORIARY HYPERTENSION 3 MONT								
the death certificate be the attending physician I Mental Hygiene prior to injury, or other traur	CERTIFICATION	that initieted events resulting in death) LAST		AIDS INFECTION					13 YEARS			
the deat y the atte of Mental injury,		PART II. Other significant conditions				Part I. 24s. WAS AN	24b, WERE AUTOPSY FINDINGS					
s that the ned by atth and any in	EDICAL			g 00400 g1001 III	PERFOI	RMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?					
w requires that been signed of the beauth a bt. of Health a shows any	Σ	DID TOBACCO USE C	CONTRIBUTE TO	CALISE OF	DEATH V	/EC CO NIC			1 YES 2 NO			
he law has be bept. m 23 s	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	CONTRIBUTE TO	CAUSE OF		LACE OF DEATH (Ch						
SICIAN: The certificate here the State in the State is or item	rsic	1 YES 2 NO	HOSPITAL:	itlent 3 DOA	OTHER:		6 Other (Specify)					
NG PHYSIC frer this ce tath with the		27. MANNER OF DEATH 1 Netural 5 Pending	26e. DATE OF INJURY (Month, Day, Year)	26b. TIM	JURY WO	JURY AT DRK? YES 2 NO	28d. DESCRIBE HOW	NJURY OCCURE	D			
TTENDII TOR: A after de 28 is	TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJURY building, atc. (Speci	PLACE OF INJURY — At home, farm, street, fectory, office building, atc. (Specify)			281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
L OR / DIRE hours	COMPLET	290. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of my knowl	edge, death occurr	ed at the time, date	end place, and due	to the ceuse(e) end me	nner ee stated.				
HOSPITAL FUNERAL WITHIN 72 I	S		R: On the beele of examination						use(e) end menner ee stated.			
TO THE HOSPIT TO THE FUNER BE RIED WITHIN T	H	296. SIGNATURE AND TITLE OF CERTIFIER POWL W. RASSA				AT LY SETY			Me (1, 1994			
1	5	30 NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	ST PA	Print) WL ST		HT. MD					
2		31. DATE FILED (Month, Day, Year) JUN 1 5 1994	32 REGISTRAR'S SIGNA	ATURE								

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	rmit, Pages 1, 2, 3 should		
	the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should		tiffed at once.
for the same	director, page 5		injury, or other traumatic event, the medical examiner must be notified at once.
	in by the funera	ir removal.	nedical examir
)	completely filled	rial, cremation, o	c event, the n
	ng physician and	d Mental Hygiene prior to burial, cremation, or removal.	other traumatic
	the attendir	d Mental Hy	injury, or

											94		1439
	FOR												
	1 - STATE REGISTRAR	STATE OF N		/ DEPAF ERTIF					MENTA	L HYGIEN REG. NO.	_		
	1. DECEDENT'S NAME (First, Middle, Last)				1000		W mar .			OF OEATH		3.	TIME OF DEATH
	GARNET	WHITWE	ELL C	HATH	A M				MONT 6	-3-94		YEAR	10:15A M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.		IF UNDE	R 1 YEAR	IF UNDER		7. DATE	OF BIRTH			ACE (State or Foreign
	488 12 7520	1 🗆 M 2 😾 F	73	YRS.	MONTHS	DAYS	HOURS	MIN.		-23-1	920 1		ouri
_	9a. FACILITY NAME (If not institution, give st			-	9b. CIT	Y, TOWN C	R LOCATI	ON OF DE			9c. COUNT		
E	317 South West	Drive			5	ilv	er S	Spri	ng		Mont	gom	ery Co
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	1		10c. CIT	Y. TOWN	OR LOCAT	ION						d. INSIDE CITY
18	Maryland Mont	gomery	Co			er S		200					LIMITS?
	10e. STREET AND NUMBER	gonery	-00		T T V (ZIP COD				10a, CITIZE		T COUNTRY?
FUNERAL	317 South Wes	t Drive						2 (0901			II C A	
2	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. /	ARMEO	13	WAS DEC	ENDENT (OF HISPAN	NIC ORIGIN	17 (Specify Yas	or No 14	USA B. RACE —	American Indian,
	1 Never Married 2 Married	FORCES? 1 IF YES, GIVE W				If yes, spe				Ricen, etc.)		Black, W Specify:	hite, stc.
) BY	3 € Widowed 4 □ Divorced			No									hite
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)		Give kind of	work done	during mo	ON st of worki	ng	168	. KIND OF BUS	SINESS/INDUS	STRY	
"	Elementary/Secondary (0-12)	College (1-4 or 5 +	-) /	ite. Do NOT u									
ĬŠ.	17. FATHER'S NAME (First, Middle, Last)	4		Но	mem	aker	_	UEDIO NA	ME (F)	Middle, Maiden	0 1		
	Clark Whitwel	1 7									Sumame)		
8	19a. INFORMANT'S NAME (Type/Print)		1	19b. MAILING	ADDRES	S (Street a				rdon ber, City or Tow	n State 7in Co	nofe)	
유	Lindsay Chatha	a m											A17320
	20a. METHOD OF DISPOSITION		20b. PLAC	E AND DATE				Lat	DAT		CATION — CIT		
	1 Burial 2 Cremation 3 Ramo	oval from State		cremetory or o					1				
1	21. SIGNATURE OF FUNEMAL SERVICE LIC	ENSER onal	d Wade	e,Dir	- 22	. NAME AN	O ADDRE	SS OF FA	CILITY S	tate	Anato	m v	Roard
	Man Noel Al	1/and	1	,		55W.	Bal	time	oreS	t,Bal	to.M	D212	01
H	23. PART i. Enter the diseasee, Dr o	omplications that	t caused the	death. Do									Approximate
	shock, or heart failure.	List Dnly one ceu	se on each lie	ne.						areo or reap	ratory arrea	.,	Interval Between Onset and Death
1 1	IMMEDIATE CAUSE (Final disease or condition	Carel	110-10	1000	Par	a	111	Do	A				6 wells
	resulting in death)	DUE TO	(OR AS A CONS	EOUENCE O					~				0 204
z		h.											
ERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO	(OR AS A CONS	EOUENCE O	F):								
S	CAUSE (Disease or Injury	с											ļ
1	that initiated events resulting in death) LAST	DUE TO	(OR AS A CONS	EQUENCE O	F):								
CER		d											
	PART II. Other eignificent condition	s contributing to	death but no	reauiting	in the u	nderiying	ceuse	given in	Part I.	24a. WAS AN			RE AUTOPSY FINDINGS
MEDICAL										PERFOR		CO	MPLETION OF CAUSE
AE I										1 120 2		Ι.	DEATH?
									_				
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					20. PL	ACE OF D	EATH (Ch	eck only or	10)		J	
SIC	1 YES 2 40	HOSPITAL:	ER/Outpetient	3 🗆 DOA	OTHE	FR: Insing Hom	• 5 (9 1 1)	sidence	6 🗆 Othe	r (Specify)			
РНҮ	27. MANNER OF DEATH 200. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 20d. DESCRIBE HOW INJURY OCCURED INJURY												
	1 Patural 5 Pending 2 Accident Investigation M 1 YES 2 NO												
	2 Cutalds and Number of Death Place OF IN.III. PLACE OF IN.III. Place Section Affice 1997 At home form elegat factory of the control of the c												
	4 Homicide detarmined								<u></u>				
PL	29a. CERTIFIER (Check only												
COMPLETED	one) 2 MEDICAL EXAMINE	R: On the basis of a	xemination and/o	r Investigation	on, In my	opinion, d	eath occu	red at the	time, date	and place, an	d due to the o	cause(a) an	d manner as stated.
ш	296. SIGNATURE AND TITLE OF CERTIFIER	1.	11	_			29c. LIC	ENSE NUI			29d. DATE S	SIGNED MA	onth, Day, Year)
TO B	Jay/ Over	races	M.	ν			10	98	34		D 61	6/9	4
	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CARS	SE OF DEATH (IT	FM 27) / Tree	Print)								

3720 Farragut Ave, Kensington,

DR ROSENBAUM
31. DATE FILED (Month, Day, Year)
31. 15 1994

MD

20895

BALTIMORE, MARYLAND 21215-0020	
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BOX 68760,	
S, P.O.	
CORD	
N OF VITAL RE	
DIVISION	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with ours after death. Page 6 may be retained by the hospital or attending physician. Pages 1, 2, 3 should TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should

FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR CERTIFICATE OF DEATH REG. NO.										
		1. DECEDENT'S NAME (First, Middle, Last) Patricia D. Chiddick 2. Date of Death Month CG 13 94 0915 AM										
,		4. SOCIAL SECURITY NUMBER 3. SEX 6. AGE (In yrs. last birthday) 1 I M 2 F 3 Wrs. 6. AGE (In yrs. last birthday) WONTHS DAYS HOURS MIN. 7. DATE OF BIRTH (Month, Day, Year) Country) 6. BIRTHPLACE (State or Foreign Country) Country)										
	стоя	98. FACILITY NAME (If not institution, give atreet and number) Singi Hospital Baltimore, Mb 9c. County of Death Baltimore,										
	S	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY										
	L DIRE	To. STREET AND NUMBER 109. CITIZEN OF WHAT COUNTRY?										
	FUNERAL	2527 Park Heights lerrace 21215 U.S.A.										
	B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. AMMED FORCES? 1 YES 2 KNO If YES, GIVE WAR OR DATES 13. WAS DECENOENT OF HISPANIC ORIGIN? (Specify Yea or No— If, RACE — American Indian, Black, White, atc. Specify: Black, White, atc. Specify: Black, White, atc.										
	COMPLETED	15. DECEDENT'S EQUACATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use refired) 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done during most of working life. Do NOT use refired) 17b. College (1-4 or 5+) 17b. College (1-4 or 5+) 17b. College (1-4 or 5+) 17b. College (1-4 or 5+) 17b. College (1-4 or 5+) 17b. College (1-4 or 5+) 17b. College (1-4 or 5+) 17b. College (1-4 or 5-) 17b. College (1-4 or 5-) 17b. College (1-4 or 5-) 17b. College (1-4 or 5-) 17b. College (1-4 or 5-) 17b. College (1-4 or 5-) 17b. College (1-4 or 5-) 17b. College (1-4 or 5-) 17b. College (1-4 or 5-)										
once.	S	17, EATHER'S NAME (First, Middle, Last) 18, MOTHER'S NAME (First, Middle, Maidegregurname)										
F	BEC	Thomas treeman Marian Brooks										
be notified	2	Andrew Chiddick 2527 Park Heights Terr. Balto, Zizi										
must		20a METHOD OF DISPOSITION 1 Mouriel 2 Cremation 3 Removal from State 206 PLACE AND DATE OF DISPOSITION Name of Company Organics (Specify) 206 PLACE AND DATE OF DISPOSITION Name of Company Organics (Specify) 206 PLACE AND DATE OF DISPOSITION Name of Company Organics (Specify) 206 PLACE AND DATE OF DISPOSITION Name of Company Organics (Specify) 207 PLACE AND DATE OF DISPOSITION Name of Company Organics (Specify) 208 PLACE AND DATE OF DISPOSITION Name of Company Organics (Specify) 209 PLACE AND DATE OF DISPOSITION Name of Company Organics (Specify) 200 PLACE AND DATE OF DISPOSITION Name of Company Organics (Specify) 200 PLACE AND DATE OF DISPOSITION Name of Company Organics (Specify) 200 PLACE AND DATE OF DISPOSITION Name of Company Organics (Specify) 200 PLACE AND DATE OF DISPOSITION Name of Company Organics (Specify) 200 PLACE AND DATE OF DISPOSITION Name of Company Organics (Specify) 200 PLACE AND DATE OF DISPOSITION Name of Company Organics (Specify) 201 PLACE AND DATE OF DISPOSITION NAME OF COMPANY OR COMP										
al. examiner		21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY March F. H- West 4300 Washingh Ave										
filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal PORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical or		23. PART I Inter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cerdisc or respiratory arrest, nock, or heert fallure. List only one cause on each line. Approximate interval Between Onset and Death disease or condition resulting in death) a. Walnuthou or leading to the condition of the condition o										
crem		DUE TO (OR AS A CONSEQUENCE OF):										
bunal atic	Z	Sequentially list conditions 6. Gas hic Cancingham guid										
giene prior to buna other traumatic	ERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING										
ne pr	임	CAUSE (Disease or injury that initiated events Due TO (OR AS A CONSEQUENCE OF):										
or of	E	resulting in death) LAST										
Mental ury,	0	PART II. Other eignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS										
th and Menta any injury,	SAL	PERFORMED? AMILABLE PRIOR TO COMMITTEE PRIOR TO COM										
WS a	MEDI	1 LYES 2 NO OF DEATH?										
shows		1 Tes 2 No										
ne State Dept or item 23	PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 46. PLACE OF DEATH (Check only one)										
e Sta	S	EXAMINER? 1 YES 2 NO HOSPITAL: 1 Inpetiant 2 VER/Outpetient 3 DOA 4 Nursing Home 5 Rasidence 6 Other (Specify)										
marked,		27. MANNER OF DEATH 288. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? M 1 YES 2 NO										
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72 hours 11 Item	<u>I</u>	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated.										
Ithin 7	COMPLE	one) 2/ MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.										
be filed within IMPORTANT:	BE	296. SIGNATURE AND TITLE OF CENTIFIER 296. LICENSE NUMBER 296. DATE SIGNED (Month, Day, Year) (3 - 1 4 - 9 4)										
<i>a</i> ≃	2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) Language Sing. 1										
		31. OATE FILED (Mogrin Day, Bay) 4 32. REGISTRAN'S SIGNATURE										
- 1		V										

1. DECEDENT'S NAME (First, Middle, Last)

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FOR STATE REGISTRAR

Ronny

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BALTIMORE, MARYLAND 21215-0020	6 may be retained by the hospital or attending physic	
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	urs after death	
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	PITEL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within ours after death. Page 6 may be retained by the hospital or attending physic	
DIVISION OF VITAL	SPITAL OR ATTENDING PHYSICIAN: The IA	

9

4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS MONTHS HOURS 219-88-8286 1 X M 2 - F YRS. 8/9/76 permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR 912 Homestead Street Baltimore 10a, STATE 10b. COUNTY toc. CITY, TOWN OR LOCATION Maryland Baltimore FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 912 Homestead Street detached for use as the burial-transit 21218 retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 XNO 13. WAS DECENOENT OF HISPANIC ORIGIN? (Specify Yea or No-1 Never Married 2 Married If yes, specify Cuban, Maxican, Pu 1 YES 2 XNO Specify: IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced COMPLETED 15. DECEOENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION Elementary/Secondary (0-12) College (1-4 or 5+) 12th Student 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Charles Benny Prough Velda A. Ciarlo BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AOORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Betty Holleman 937 Homestead Street e 20a. METHOD OF DISPOSITION
1 ☐ Burlai 2 【X Cremation 3 ☐ Ramoval from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE must 4 ☐ Donation 5 ☐ Other (Specify) Metro Crematory, Inc. 21. SIGNATURE OF FUNERAL SURVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY Johnson Funeral Home in by the ir removal. 8521 Loch Raven Blvd. medical 23 ART I. Epter tha diseases, Dr complications that caused the deeth. Do not anter the mode of dying, such as cardiac or reepiratory arrest, shock, or heart failure. List only one cause on each line. ö IMMEDIATE CAUSE (Finel npletely filler cremation, the disease or condition 0.1 event, recuiting in death) QUE TO (OR AS A CONSEQUENCE OF) n and com to burial, traumatic CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF) nding physician a Hygiene prior to if any, leading to immediate Cause, Enter LINDERLYING CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in deeth) LAST 10 The atten Mental H injury. PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL and a any signed Health shows a been . DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO PHYSICIAN: has be Dept. 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) item State HOSPITAL 1 X YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 Nursing Home 5 Residence 6 Other (Specify) the S 10 27. MANNER OF DEATH 28b. TIME OF INJURY UNIC M 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? with marked, 1 Natural 5 Pending 1 YES ВУ After t 2 Accident Investigation PLACE OF INJURY -- At home, 28f. LOCATION Sulcide 69 6 Could not be determined COMPLETED DIRECTOR: hours after 28 1271 tem 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. A 22 = 2X MEDICAL EXAMINER TO THE HOSPITA
TO THE FUNERA
DE filed within 7
IMPORTANT: I of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated. RE AND TITLE OF CERTIF 29c. LICENSE NUMBER 8

ND AODRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

J. Laron Locke M.D. 111 Per

31. DATE FILED (Month, Dec.) 1994

ILIN 15 1994

151994

CERTIFICATE OF DEATH

Ciarlo

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO 2. DATE OF DEATH MONTH 3. TIME OF DEATH 1994 1900 June 6. BIRTHPLACE (State or Foreign Country) 7. DATE OF BIRTH (Month, Day, Year Maryland 9c. COUNTY OF DEATH 10d. INSIDE CITY LIMITS? 1 X YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? USA 14. RACE — American Indian, Black, White, atc. Specify White 16b. KIND OF BUSINESS/INDUSTRY Baltimore, MD 21218 20c. LOCATION - City or Town, State 6/17/94 Catonsville, 21286 towson, Approximata interval Between Onset and Deeth 24a. WAS AN AUTOPSY PERFORMEO? 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO 1 PES 2 NO COMPLETION OF CAUSE 1 XES 2 | NO 29d. DATE SIGNED (Month, Day, Year)

June 13 1994

Maryland 21201

O.C.M.E.

111 Penn Street, Baltimore,

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FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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- 17	4. SOCIAL SECURITY NUMBER	5. SEX				R IF UNDER	UNDER 24 HRS. 7. DATE OF BIRT		F BIRTH 6.1		6. BIRTH	PLACE (Sta	te or Foreign
					MONTHS DAY	S HOURS	MIN.	3714	775		Ma	rylar	ıd
	9a. FACILITY NAME (If not institution, give :	1		96. CITY, TOW	N OR LOCATI	ION OF DE	EATH		9c. COU	NTY OF D			
5 12	2200 blk. E. N	7 .	Baltimore										
5 12	RESIDENCE OF DECEDENT												
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<u> </u>	10e. STREET AND NUMBER					10f. ZIP COD 212						WHAT COUN	TRY?
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	Elementary/Secondary (0-12)	College (1-4 or 5	+)		Person				Car D	eale	rchi	n	
	12th Grade 17. FATHER'S NAME (First, Middle, Last)			BOC I	CLBOIL	10 1100		ME (First, Mic			LBIII	P	
	Ronald J. Cichoc	ki						E. F		,			
: -	19s. INFORMANT'S NAME (Type/Print)	77.1		405 MAII INV	ADDRESS (Stre						- //		
	Ronald J. Cichock	ri			Redwoo			Balti			212	34	
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	(X☐ Burial 2 ☐ Cremation 3 ☐ Rem	noval from State	cemete	ry, crematory or o	OF DISPOSITION other place)			DATE		CATION —			
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IMPORTANT: It item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

JUN 15 1994

BALTIMORE, MARYLAND 21215-0020 uns after death. Page 6 may be retained by the hospital or attending physician.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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TO THE HOSPITAL DR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours after death. Page 6 may be	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page	
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ther	/ the	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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	REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH										
	Peter Paul Ciganek 06 13 DAY 94 YEAR 3:00									3:00 A	
	212 10 1812	5. SEX 1 X M 2 F	6. AGE (In)	rs. lest birthday) YRS.	MONTHS C	YEAR IF UND	ER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year) 06 30 12		6. BIRTH	
OR	9s. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF										
2	RESIDENCE OF DECEDENT 10s. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d No.										
DIRECTOR	Md. 106. COUNTY . 10c. CITY, TOWN OR LOCATION Baltimore									10d. INSIDE CITY LIMITS? 1)(() YES 2 (() NO	
COMPLETED BY FUNERAL	100. STREET AND NUMBER 1216 Highland	Avenue			·	101. ZIP CO	DE 224		USA	ZEN OF	WHAT COUNTRY?
	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEOEN FORCES? 1 IF YES, GIVE V	T EVER IN U	S. ARMED 2 NO	If y	S DECENDENT	OF HISPANIC	C ORIGIN? (Specify Yes Puerto Rican, etc.)		14. RAC Blac Spec Whi	
	15. DECEDENT'S (Specify only highest g Elementary/Secondary (0-12)	EDUCATION	16	Ba. DECEDENT'S (Give kind of life. Do NOT us	USUAL OCCI work done duri se retired.)	UPATION ing most of work	king	16b. KIND OF BUS	SINESS/IND		re
4	8			Longsh	orema	n					
ш	17. FATHER'S NAME (First, Middle, Last) Frank Cigane					16. MO	THER'S NAM Eliza	E (First, Middle, Maiden beth Ulce			
TO B	1900. INFORMANT'S NAME (Type/Print) Walter Rudnick							oute Number, City or Town			
	20a. METHOD OF DISPOSITION 1 Quirial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place) Sacred Heart of Jesus Cem. 6-16-94 Dundalk, Md. 22. NAME AND ADDRESS OF FACILITY Charles S. Zeiler & Son Inc. 901 S. Conkling St. Balto., Md.										
	23. PART I. Enter the diseases, ahock, or heart fallu	10. Jan	nt caused th	na death. Do i	90	1 S.Co	nklin	g St. Balt	to.,M	id.	
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with completely filled in by the funeral director, page 5 should be detached for use as the burla-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1. DECEDENT'S NAME (First, Middle, I		CERTIF	CATE OF	DEATH	MENTAL HYGIENE REG. NO.			
ROBERT		RONHARDT			2. DATE OF DEATH DAY		1 / · 5 / A	
4. SOCIAL SECURITY NUMBER 218-36-3349 90. FACILITY NAME (If not institution, 3600 GREENMO	1 M 2 F	AGE (In yrs. last birthday) 62 YRS.	MONTHS DAYS 9b. CITY, TOWN	7. DATE OF BIRTH (Month, Day, Year) June 15, 19 ATH	8. BIR Cou	THPLACE (State or Foreign nitry) BYJAND DEATH		
3600 GREENMO RESIDENCE OF DECEDEN 100. STATE 100. CO Maryland	т	10c. CITY	, TOWN OR LOCA	MORE CI	TY		10d. INSIDE CITY LIMITS? 11 Y YES 2 NO	
10e. STREET AND NUMBER 3600 Greenmoun 11. Marital Status	t Aug Ant			21218	7 - 2 %		WHAT COUNTRY?	
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 IF YES, GIVE WAR	YER IN U.S. ARMED YES 2 NO	It yea, sp	CENDENT OF HISPAN	IC ORIGIN? (Specify Yee on, Puerlo Ricen, etc.)	Bia	RACE — American Indian, Black, White, etc. Specify:	
15. DECEDENT'S (Specify only highest Elementary/Secondery (0-12) Transport of the control of th	EDUCATION grade completed) College (1-4 or 5+)	16e. DECEDENT'S (Give kind of white. Do NOT use	vork done during mo e retired.)	ON ost of working	166. KIND OF BUSI		MILCE	
Unknown		Babo	rer	18. MOTHER'S NAI Unkno	ME (First, Middle, Maiden S			
P 190. INFORMANT'S NAME (Type/Print) Lorraine Deitz		1		nnd Number or Rural F	more, MD	State, Zip Code) 21204		
20s. METHOD OF DISPOSITION 1.Δ. Burial 2 Cremation 3 4 Donation 5 Other (Specify)		20b. PLACE AND DATE OF STREET OF OF STREET OF	PEDISPOSITION (No.	esus Cem.	DATE 20c. LOC 6/10 Dun	ATION — City or	Town, State	
21. SIGNATURE OF FUNERAL SERVICE			ALTEN	ND ADDRESS OF FAM IBURG FUN	ERAL HOME, Rd., Baltin	P.A.		
disesse or condition resulting in death)	H. as		- 6		12		Onnet and Death	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that inhilated events resulting in death) LAST	bDUE TO (OR	AS A CONSEQUENCE OF	7):	sclerotiè	Cardiova	scular	Onnet and Death	
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SCOTLAND

10g. CITIZEN OF WHAT COUNTRY?

USA

Specify:

9c. COUNTY OF DEATN

3. TIME OF DEATH 2 20 AM

10d. INSIDE CITY

14. RACE — American Indien, Black, White, etc.

GOVANS, MARYLAND

21211

1X YES 2 NO

WHITE

2. DATE OF DEATH 6. AGE (In yrs. last birthday) 7. DATE OF BIRTN (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS. 1 M 2 C DAYS HOURS YRS 15 1906 Pages 1, 2, 3 should 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR GOOD SAMARITIAN HOSPITAL BALTIMORE RESIDENCE OF DECEDENT 10e STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION MARYLAND BALTIMORE permit. FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit o burial, cremation, or removal. 3616 ROLAND AVENUE 21211 Page 6 may be retained by the hospital or attending physician. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuben, Maxicen, Puarto Rican, etc.)

1 YES 2 NO Specify: 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED BALTIMORE, MARYLAND 21215-0020 FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 1 Never Merried 2 Merried BY 3 🕅 Widowed 4 🗌 Divorced 16a. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5 +) WAITRESS FOOD INDUSTRY UNKNOWN 17. FATNER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) notified at DENNIS GALLAGHER HINKNOWN BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 ROBERT LUZIUS 3616 ROLAND AVENUE, BALTIMORE, MARYLAND 21211 20e. METNOD OF DISPOSITION pe PLACE AND DATE OF DISPOSITION (Name of 6/16/94 20c. LOCA terry, crematory or other place)

C. MARY OF THE ASSUMPTION CEMETERY 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, Stata must Buriel 2 Cremetion 3 Removal from State Donetion 5 Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY A. ALAN SEITZ, JR. FUNERAL HOME 3818 ROLAND AVENUE, BALTIMORE, MARYLAND medicai 23. PART i. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, euch as cerdiec or respiratory arrest, ehock, or heart fellure. List only IMMEDIATE CAUSE (Final the neumonia disease or condition resulting in deeth) traumatic event, DIVISION OF VITAL RECORDS, P.O. BOX 68760, (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OF AS A CONSEQUENCE OF): signed by the attending physician a Health and Mental Hygiene prior to if any, leading to immediate nassive cause. Enter UNDERLYING other t CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF) that initieted events resulting in death) LAST 6 PART II. Other significant conditions contributing to death but not reculting in the underlying ceuse given in Pert I. MEDICAL 24e WAS AN AUTOPSY any t YES 2 ZINO has been : Dept. of H PHYSICIAN: OR ATTENDING PHYSICIAN: The law 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 36. PLACE OF DEATH (Check only see DIRECTOR: After this certificate hours after death with the State OTHER: 1 YEB 3 effect 2 - ER/Outpetient 3 - DOA ng Home S 🗆 Residence S 🗀 Other (Specify) 9 28s. DATE OF INJURY (Marris, Day 16sr) marked, 28c. INJURY AT WORK? 284. DESCRIBE HOW INJURY OCCURED Natural 1 YES 2 NO BY Accident 38e. PLACE OF INJURY -- At home, farm, street, factory, office 281. LOCATION citreer and Number or Rural Routs Number. City or Tours. State: 60 Suicide COMPLETED 28 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data end place, end due to the ceuse(s) end manner es stated. TO THE HOSPITAL OF THE FUNERAL EDGE FILED WITHIN 72 HOME IMPORTANT: If It HOSPITAL 2 MEDICAL EXAMINER: On the axamination end/or investigation, in my opinion, death occured at the time, date and piece, end due to the ceuse(s) end menner es atated. HATURE AND TITLE OF CERT 29c. LICENSE NUMBER BE 0 2 30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) JUAN G. GAY, MD. GOOD SAMARITIAN HOSPITAL 5601 LOCH RAVEN BLVD. BALTO.,

32. REGISTRAR'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

FOR STATE REGISTRAR

Approximete Intervel Between Onset and Death 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO 29d. DATE SIGNED (Month, Day, DHMH-16 Rev 1/89



31. DATE FILED (Month, Day, Year)

Bildri ye

10-30 AM

, MARYLAND 21215-0020	or attending physician
AND 2	hospital a
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ORE, I	6 may he r
BALTIMORE,	death. Page
8	ours after

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

										3. TIME OF DEATH				
	Andre Lamont Duffy									JUNE 09 19			1884	10-30 A
	77			(In yrs. lest b	MONT	NDER 1 YE		UNDER 24 HRS.	7. DATE OF BIRTH 8. E (Month, Day, Year)			8. BIRTHP Country	PLACE (State or Foreign	
	216-62-7870				36	YRS.				jUN.27,1957				yland
Œ	96. FACILITY NAME (If not institution, give street and number) Union Memorial Hospital Baltimore City 96. COUNTY OF DEATH N/A									ATH				
6	RESIDENCE OF DECEDENT						ва	111	.more_	City	y N/A			
DIRECTOR	10e. STATE	10b. COUNT				toc. CITY, TO								10d, INSIDE CITY LIMITS?
- 1	MD N/A					Dal	timo		CODE					1 X YES 2 NO
ERAL	512 Richwe		enue					101. 21	21212	2			S.A.	HAT COUNTRY?
FUN	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN	N U.S. ARME	D	13. WAS	DECENO	ENT OF HISPAN	NIC ORIGIN? (Specify Ye			- American Indian,
BY F	t Never Merried 2 3 Wildowed 4 Dt		FORCES? 1						Cuben, Mexice		in, etc.)		Black, Specify	White, etc.
ED B			<u> </u>											Black
ETE	(Specify o	ECEDENT'S EDU	completed)		(Give	DENT'S USUA kind of work of NOT use reti	one durin	PATION g most of	working	16b. KI	ND OF BU	ISINESS/INC	DUSTRY	
COMPLE	Elementary/Secondary 7th	(0-12)	Cotlege (t-4 or 5 -	•)		N/A	,					N/A		
Ŏ.	17. FATHER'S NAME (First,	Middle, Last)						16	MOTHER'S NA	ME (First, Mick	dle, Maiden	Surname)		
BE	William William	Duffy							Nelli	ie Bak	er			
2	19a. INFORMANT'S NAME								Number or Rural				,	
	Bernadette			Total					ve./Bal		-			
	X Donetion 5 Oth	tion 3 🗆 Rem	noval from State			Z I ON	1		TERY	DATE	1	SDOW		•
1	21. SIGNATURE OF FUNER		CENSEE		11 •	<u> </u>	22. NAM	E AND A	DDRESS OF FA		FU III	3 D O W	14 6 - 11	<u> </u>
	March F.H. East										4D 21202			
	23. PART I. Enter the diseases, Dr complications that caused the death. Do not enter the mode of dying, such as cerdiac or reapiretory arrest, Approx										Approximete			
	shock, or haert tallura. List only one cause on each line.											Interval Between		
	disease or condition resulting in death)	→	MET	AB	OLIC	AC	D	551	C					DAYS
	resulting in deatily	•	DUE TO	(OR AS A	CONSECU	ENCE OF):								Ţ
5	Sequentielly list cond	Iltions.			G L E	5 84	251	5_						DAYS
CERTIFICATION	If any, leading to imm cause. Enter UNDERL	ediate			LOB !		Ph 16	~ 11 0m	LONIA					DAYS
<u> </u>	CAUSE (Disease or in that initieted events				CONSEQU		1 10							1
	reaulting in deeth) LA	ST	d											
- 11	PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY 24b. W									WERE AUTOPSY FINDINGS				
MEDICAL	END STAGE AIDS PANCY TOPEN 1A DIARRHOFA I VES 2 NO							- 1 -	AVAILABLE PRIOR TO COMPLETION OF CAUSE					
Ž,	-										X		- 1	OF DEATH?
PHYSICIAN:	DID TODA COO HAS CONTRIBUTED TO CALLED TO THE CONTRIBUTED TO									7				
2	25. WAS CASE REFERRED EXAMINER?	TO MEDICAL	HOSPITAL;			ОТ	HER:	6. PLACE	OF DEATH (Ch	eck only one)				
2	1 VES 2'NO		26e. DATE OF				Nursing	_	☐ Residence					
- 1		Pending	(Month, D		Ι,	INJURY	- 1	WORK?		28d. DESCH	IBE HOW	HOW INJURY OCCURED		
	2 Accident Investigation 28s. PLACE OF INJURY — 41 home farm street factory office.								or Rural Ro	oute Number,				
	4 Homtcide	Could not be determined	building,	atc. (Spec	crty)					City or 1	fown, State,)		
7	29e. CERTIFIER (Check only	RTIFYING PHYS	ICIAN: To the best of	my knowl	rledge, death	occurred at	the time,	date end	place, end due	to the cause	e) end ma	nner as ata	ted.	
COMPL														end menner ee stated.
u II	29b. SIGNATURE AND TITI								c. LICENSE NUI					(Month, Day, Year)
2	Ncien		NTERN)						AT 243	8946		10	6/00	3/84
- 1	30. NAME AND ADDRESS		10 COMPLETED CAUS					7.01		CALTI	~ 00	5	a . D	21218
								- (1)	- / 5	U (1) U (1)		-	IVI D	
	31. DATE FILE JUN 1	5 1994	32 ARBITH	ilutili.	ar Ran	lall								
- 10														
							_						-	DHMH-16 Rev

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

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FOR

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within to The Hospital or entanded by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR	C		ICATE OF		REG. NO					
	1. DECEDENT'S NAME (First, Middle, Last)	A Company				2. DATE OF DEATH		3. TIME OF DEATH			
	ELMER	DEBUS		-DEVU	8	JUNE 6,	3:05 P M				
	4. SOCIAL SECURITY NUMBER 5. SEX	22,00						THPLACE (State or Foreign			
	220 03 8751 1₩M	2 □ F 84	YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year)	Cou	intry)			
	9s. FACILITY NAME (If not institution, give street and no	0 7		AL OUTY TOWN	OR LOCATION OF D	3-27-19		ryland			
æ			Ī			DEATH	9c. COUNTY OF	DEATH			
2	2025 MARSEL STREE	ΣT		BALTI	MORE		n	ıa			
<u> </u>	10a. STATE 10b. COUNTY	10c. CIT	Y, TOWN OR LOCA	TION			10d, INSIDE CITY				
DIRECTOR	Maryland n	а		Baltin	noro			LIMITS?			
	10e. STREET AND NUMBER				M. ZIP CODE		10a CITIZEN O	F WHAT COUNTRY?			
2	2025 Marsel Str	*eet		"			1.0				
FUNERAL		DECEDENT EVER IN U.S. AR	MED	12 WMC DE	CENDENT OF HISB	ANIC ORIGIN? (Specify Ye	US	XCE — American Indian.			
	1 X Navar Marriad 2 Marriad FORG	CES? 1 XYES 2 1 ES, GIVE WAR OR DATES		If yes, s	pecify Cuban, Maxic	an, Puerto Rican, etc.)	BI	ack, White, atc.			
B	3 Widowed 4 Divorced Arm	y 1945		1 YE	S 2 NO Spec	rry:	Sp	White			
8	15, DECEDENT'S EDUCATION	16a. DF	ECEDENT'S	USUAL OCCUPAT	ON	16b. KIND OF BU	SINESS/INDUSTRY				
E	(Specify only highest grade completed) Elementary/Secondary (0-12) College	(G life	sive kind of v Do NOT us	vork done during m se retired.)	ost of working	***************************************					
ם			ainta	ainanc	2	Balti	lmore C	Sity			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				,	AME (First, Middle, Maiden	Surname)				
	Louis Debus				Natt	ie Matthe	We				
BE	19a. INFORMANT'S NAME (Type/Print)	19	b. MAILING	ADDRESS (Street		Route Number, City or Tow					
5							.,,				
	20a. METHOD OF DISPOSITION	20b. PLACE	AND DATE (OF DISPOSITION		DATE 20c. LO	CATION — City or	Town State			
	1 Burial 2 Cremation 3 Ramoval from 4 Donation 5 Other (Specify)				Cemete:	ry 6-21 Cro	wnsvill				
	21. SIGNATURE OF FUHERIAL SERVICE LICENSED	Mald Wade	Dir		ND ADDRESS OF F		A = = + =	D 1			
	Seprent 11/1	her water,	DIL			blate	Anato	my Board			
	Willey // //	year				ore St, Ba		021201			
	23. PART i. Enter the diseases, or complicat shock, or heart fallure. List only	tions that caused the de	eath. Do n	ot enter the me	ode of dying, au	ch as cardiac or reap	iratory arrest,	Approximate Interval Between			
	IMMEDIATE CAUSE (Final							Onset and Death			
8	disease or condition resulting in death)	1720SC	lon	270	(asi)	ovascul	es D	Seaso			
	()	DUE TO (OR AS A CONSE	OUENCE OF	F):	0-01						
Z	Sequentially list conditions, b.										
CERTIFICATION	If any, leading to immediate	DUE TO (OR AS A CONSE	OUENCE OF	F):							
2	CAUSE (Disease or injury										
늗	that initiated events	DUE TO (OR AS A CONSE	OUENCE OF	F):							
H	d										
	PART II. Other aignificant conditions contrib	buting to death but not r	reaulting i	n the underlyin	o cause given in	Part I. 24e. WAS AN	AUTOPSY 2	4b. WERE AUTOPSY FINDINGS			
MEDICAL			80		ig cadac given i	PERFOI	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE			
ā						t 🗆 YES 2	NO	OF DEATH?			
	717 7071 660 1107 6011						,	1 TYES 2 NO			
PHYSICIAN:	DID TOBACCO USE CONTR	RIBUTE TO CAUS	SE OF								
ᅙ	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPI			OTHER:	LACE OF DEATH (C	heck only one)					
YS		atlant 2 ER/Outpatient 3	1	4 - Nursing Hor		6 Other (Specify)					
표	27. MANNER OF DEATH 1 Natural 5 Pending	(Month, Day, Year)	26b. TIM		JURY AT ORK?	28d. DESCRIBE HOW	NJURY OCCURED				
BY	2 Accident Investigation				YES 2 NO						
	Codid not be	 PLACE OF INJURY — At ho building, etc. (Specify) 	ome, farm, s	strest, factory, offic	28	281. LOCATION (Street City or Town, State)	and Number or Run	Il Route Number,			
8											
ETED	4 Homicide determined	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and manner as stated.									
PLETED	Day OFFICER	ha beat of my knowledge, de	eth occurre	ed at the time, dat	e end prece, end do						
OMPLETED	Day OFFICER							e(s) and manner as atated.			
: COMPLETED	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To 1				death occured at th	e time, data and placa, ar	nd dua to the caus				
8	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To 11 TYMEDICAL EXAMINER: On the				29c. LICENSE NU	e time, data and placa, ar	29d. DATE SIGN	ED (Month, Day, Year)			
	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To 11 29b. SIGNATURE AND TITLE OF CERTIFIER	basis of examination and/or	Investigatio	n, In my opinion,	29c. LICENSE NU	e time, data and placa, ar	nd dua to the caus	ED (Month, Day, Year)			
8	298. CERTIFIER (Check only one) Type Medical Examiner: On the 29b. SIGNATURE AND TITLE OF CENTIFER 30. NAME AND ADDRESS OF PERSON WHO COMPLETED	basis of exemination and/or	M 27) (Type,	n, In my opinion, Print)	29c. LICENSE NU	e time, data and placa, an	29d. DATE SIGN	ED (Month, Day, Year) E 4, 1994			
8	298. CERTIFIER (Check only one) 25 TMEDICAL EXAMINER: On the 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO COMPLETED ON THE COMPLE	ETED CAUSE OF DEATH (ITE	M 27) (Type,	n, In my opinion, Print)	29c. LICENSE NU	e time, data and placa, ar	29d. DATE SIGN	ED (Month, Day, Year) E 4, 1994			
8	298. CERTIFIER (Check only one) 25 MEDICAL EXAMINER: On the 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO COMPLETED IN THE COMPLET	basis of exemination and/or	M 27) (Type,	n, In my opinion, Print)	29c. LICENSE NU	e time, data and placa, an	29d. DATE SIGN	ED (Month, Day, Year) E 4, 1994			



BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a marker death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to buriat, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1		FOR STATE REGISTR	Α
1	1. D	ECEDENT'S	N

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE (OF DEATH	R	EG. NO.			
*	1. DECEDENT'S NAME (First, Middle, Lest) E) MIRA	Drabi	K ELMIR	A A. DR	ABIK	2. DATE OF I	DEATH DAY	10	94	3 TIME OF DEATH M
	Contract of the Contract of th	(Month Day Year)					y, Year)	1928	6. BIRTH Countr VIRG	
	9e. FACILITY NAME (If not institution, give street	and number)		9b. CITY, TO	WN OR LOCATION OF DE	<u> </u>			NTY OF D	EATH
DIRECTOR	MARINER HEALTH CARE OF	GREATER LAURI	EL	LAU	REL			PRINCE GEORGE		
	10e. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR L	OCATION					10d. INSIDE CITY
	MARYLAND PRINC		LAU						1 X YES 2 NO	
FUNERAL	100. STREET AND NUMBER 15800 HAYNES ROAD				101. ZIP CODE 20707			USA	ZEN OF V	WNAT COUNTRY?
Z		. WAS DECEDENT EVER	IN 11 S ADMED	12 148.0	DECENDENT OF HISPAI	MIC OBIGINS (S	analty Man		14 PACI	E American Indian
B	1 Never Married 2 X Married 3 Widowed 4 Divorced	FORCES? 1 YES	2 JHO	If ye	s, specify Cuben, Mexico YES 2 X X NO Specif	in, Puerto Ricar			Spec	E — Americen Indien, k, White, etc. Hy: WHITE
윤	15. DECEDENT'S EDUCAT (Specify only highest grade con		16a. DECEDENT'S	vork done durin	PATION ig most of working	16b. KIN	D OF BUS	INESS/IND	DUSTRY	
COMPLETED	Elementary/Secondary (0-12) 0	College (1-4 or 5 +)	PAYROLL	e retired.)			us cov	VERNME	ENT	
OM	17. FATHER'S NAME (First, Middle, Last)	v	FAIROLL		18. MOTHER'S NA		-		- IN I	
BEC	JOHN W. HINES				MARY W.	BOND				
TO B	19e. INFORMANT'S NAME (Type/Print)				reet and Number or Rural					
F	DONNA M. DeLaTORRE				M DRIVE, LAUF	REL, MAR				
	20a. METHOD OF DISPOSITION 1, Buriel 2 Cremation 3 Remova 4 Donation 5 Other (Specify)	I from State	other place) T. LINCOLN		of cemetery, crematory or	6/15	1	CATION —		RYLAND
	21. SIGNATURE OF FUNERAL SERVICE CHEN		1		ME AND ADDRESS OF FA					ME, INC.
	· / alala	1 Opard	0,0	760	1 SANDY SPRII					
Ī	23. PART Enter the diseeses, or con shock, or heert ellure. Lis	nplications that days	ed the death. Do r	not enter the	mode of dying, euc	ch as cardiec	or respi	ratory en	rest,	Approximate interval Between
	IMMEDIATE CAUSE (Fine)	1	1							Oneet end Death
	resulting in desth) e	DUE TO FOR AS	A CONSEQUENCE O	n:						
_					disea	1.				į l
EDICAL CERTIFICATION	Sequentielly list conditions, if eny, leeding to immediate	DUE TO (OR AS	A CONSEQUENCE O	F):	e disea					
2	cause. Enter UNDERLYING CAUSE (Disease or injury		A CONSEQUENCE O		Lo					
E	that initisted events resulting in deeth) LAST									
8	PART ii. Other eignificant conditions	contributing to death	but not resulting	in the unde	rlying cause given in	Part i 24	n. WAS AN	AUTOPSV	24	b. WERE AUTOPSY FINDINGS
S	TANT III GOIG OF STREET	John James Co. Good Co.	wat not recalling	010 01100	nying couse given it	PERFORMED?				AVAILABLE PRIOR TO COMPLETION OF CAUSE
						'	1 YES 2 NO			OF DEATH?
PHYSICIAN: M										
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:			26. PLACE OF DEATH (C	heck only one)				
YSI	1 TYES 2 NO 1	☐ Inpetient 2 ☐ ER/O			Home 8 - Reeldence					
F	27. MANNER OF DEATH 1 X Natural 5 Pending	(Month, Day, Year	Y 28b. TIN	JURY	c. INJURY AT WORK? I YES 2 NO	26d. DEŞCRI	BE HOW I	NJURY OC	CURED	
ВУ	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJU	RY — At home, farm,						r or Rural	Route Number,
COMPLETED	4 Homicide determined	building, etc. (S	pecify)			City or T	own, State)			
PE	29e. CERTIFIER (Check only	N: To the best of thy know	owledge, death occurr	red at the time	, date end place, end du	e to the cause(e) end mer	nner as sta	nted.	
NO.	one) 2 MEOICAL EXAMINER:	On the base of exeminar	tion and/or investigation	on, in my opin	ion, death occured at the	e time, date en	d place, en	nd due to ti	he cause((e) end menner ea stated.
H	29b. SIGNATURE AND TITLE OF CERTURER	ford	1 M.D			960	h	▶ (6-1	D (Month, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WHO CO	COMPLETED CAUSE OF	DEATH (ITEM 27) (Type . 3 Zo M	o, Print)	niery St	· fai	ese	P. R	(d.	20707
	31. DATE FILED (Month, Day, Year) JUN 1 5 1994	32. REGETBAR'S SU	GNATURE Malan-And	SE.	7					

permit. Pages 1, 2, 3 should

use as the burial-transit

for

director, page 5 should be detached

completely filled in by the funeral

6

attending physician and con intal Hygiene prior to burial,

the atten Mental H any injury,

signed by ti

has been Dept. of h

After this certificate hadeath with the State D : marked, or item

DIRECTOR: After the hours after death it

FUNERAL within 72 h HOSPITAL

TO THE FUNERA
be filed within 7
IMPORTANT: I

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event,

or other traumatic

shows a

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PHYSICIAN:

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PK.		

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH RITA DANZ 06 94 10:55 AM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs, last birthday) IF UNDER 1 YEAR 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. 7. DATE OF BIRTH DAYS HOURS 1 - M 2/5/F 81 YRS. 220-09-6885 3/4/13 Maryland Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR ARUNDEL HOSPITAL ASSOCIATION GLEN BURNIE A.A. COUNTY 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Anne Arundel Glen Burnie 1 YES ZENO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 7355 East Furnace Branch Road 21060 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yes, specify Cuban, Maxican, Puarto Rican, etc.) 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married IF YES, GIVE WAR OR DATES 1 TES 2 NO Specify ВY Specify: 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION 16s. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) 9th Grade Housewife Home Maker 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First Middle Maiden Surname) Howard Bull Mulligan Anna BE 190. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Carl H. Danz Jr. 1705 Perry Cove Road, Pasadena, Maryland 21122 20s. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE 2 Cremation 3 - Ramoval from Stale 4 Donation 5 Other (Specify) Metro Crematory Inc. 6/13 Baltimore, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Gonce Funeral Home aves Whave 4001 Ritchie Highway, Balto, Md 21225 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate ahock, or heart fellure. List only one cause on each line. Interval Betwe IMMEDIATE CAUSE (Final Onset and Death diseese or condition_ Hypotension reaulting in death) DUE TO (OR AS A CONS trungermia CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEDUENCE OF) If any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or Injury DUE TO (OR AS A CONSEDUENCE OF). that initiated events resulting in deeth) LAST MEDICAL

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. mellitus Rend

24s. WAS AN AUTOPSY PERFORMED? 1 TYES 2 NO

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH? 1 | YES 2 | NO

26. PLACE OF DEATH (Check only one.

OTHER: 4 Nursing Home 5 Residence 6 Other (Specify)

Inpatient 2 - ER/Outpatient 3 - DOA 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED

1 YES 2 NO 28s. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

D-40521

1 CERTIFYING PHYSICIAN: To the beat of my knowledge, death occurred at the time, date and place, and due to the cause(e) end manner as stated. MEDICAL EXAMINER: On the bests of examination and/or investigation, in my opinion, death occured at the ilme, data and place, and due to the cause(s) and manner as stated.

29b. SIGNATURE AND TITEE OF CENTIFIED ATTENDING 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

PHYSIC (AN 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

HOSPITAL:

28a. DATE OF INJURY (Month, Day, Year)

Dementia

Investigation

determined

8 Could not be

MAHESH S. OCHANEY, M.D. / 7845 OAKWOOD ROAD SUITE 200/GLEN BURNIE, MARYLAND 21061

31. DATE FILED (Month, Day, Year) JUN 151994

25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 TES 2 NO

27. MANNER OF DEATH

1 Natural
2 Accident

3 Suicide

29a, CERTIFIER

4 Homicide

(Check only one)

32. REGISTRAR'S SIGNATURE Danden R

DHMH-16 Rev 1/89

12/94

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within and local control of the found of the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	CATE O	F DEATH		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)						E OF DEATH			3. TIME OF DEATH
	Margaret Shea Davis					Mor		}	94	11350
	4. SOCIAL SECURITY NUMBER 5. SEX	8. AGE (in	yrs. lest birthday)	IF UNDER 1 YEA	IF UNDER 24 H	RS. 7. DAT	E OF BIRTH			PLACE (State or Foreign
	214-24-8536 1□м		YRS.	MONTHS DAY		(Mo	nth, Day, Year) 0-3-190	6	Country	yland
	9e. FACILITY NAME (If not institution, give street end n	ımber)		9b. CITY, TOW	N OR LOCATION O	OF DEATH		9c. COUN	ITY OF DE	ATH
HO	Stella Maris Hospice			Tow	son			Ba	ltim	ore
DIRECTOR	RESIDENCE OF DECEDENT							Du	<u> </u>	OIE
Ä	10e. STATE 10b. COUNTY		10c. CITY	, TOWN OR LO	CATION			_		10d. INSIDE CITY LIMITS?
٥	Maryland			Baltim	ore					1 X YES 2 NO
AL	10e. STREET AND NUMBER				10f. ZIP CODE			10g. CITIZ	ZEN OF W	HAT COUNTRY?
EB	6401 Loch Raven Blv	d.			21239				U.S.	Α.
FUNERAL	11. MARITAL STATUS 12. WAS	DECEDENT EVER IN	U.S. ARMED	13. WAS I	ECENDENT OF H	ISPANIC ORIC	IN? (Specify Yee	or No—		- American Indien,
BY	1 Never Married 2 Married IF YE 3 Wildowed 4 Divorced	CES? 1 TYES S, GIVE WAR OR DAT	ES XNO		specify Cuben, M ES 2 NO S		o Rican, etc.)			White of the White
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed		16e. DECEDENT'S	USUAL OCCUP	TION most of working	1	8b. KIND OF BUS	SINESS/IND	USTRY	
	Elementary/Secondary (0-12) College	(1-4 or 5+)	life. Do NOT us	e retired.)	most or working					
MP	12		Homema	ker			Own Ho	ome		
g	17. FATHER'S NAME (First, Middle, Last)	-			16. MOTHER	'S NAME (First	, Middle, Malden	Sumame)		
BE (Harry Joseph	Shea			Ma	argare	t (Gertr	ude	Spora
10	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Stre	et and Number or F	Rural Route Nu	mber, City or Town	n, State, Zip	Code)	
F	Mrs Mary Clare Ford		307 C	risfie	ld Court	t, Abi	nadon.	Marv	land	21009
	20e. METHOD OF DISPOSITION 1√ Burlel 2 ☐ Cremation 3 ☐ Removal from	20b. F	LACEANDDATEC	E DISPOSITION	(Name of	D/	TE 20c 10	CATION - C	Olty or Ton	un State
0	Donation 5 Other (Specify)	Du]	ery, crematory or ot aney Va	lley M	em. Gard	ds. 6-	16-94	Cimon	ium.	Maryland
- 4	21. SIGNATURE OF FUNERAL SERVICE LICENSEE			22. NAME	AND ADDRESS C	OF FACILITY				rial y Laria
	*Wallace S.	Burshe	2.		Towsor York F					0.4
	23. PART i. Entar the diseeses, or complice		the death. Do n	ot antar the	node of dying.	such as ca	rdiac or reapl	ratory arm	eat.	Approximate
	ahock, or heert fellure. List only	one ceuse Dn ead	ch line.		, , , , , , , , , , , , , , , , , , , ,				,,,,,,	intarvai Between
- 1	iMMEDIATE CAUSE (Fine) disease or condition	1000								Onset and Death
	resulting in death) e	DUE TO (OR AS A	of CI	PALLO	<u> </u>					Amos.
_	_	50E 10 (011 AB A 1	DON'S EUDENCE OF	7-						į l
<u></u>	Sequantially list conditions, b.	DUE TO (DR AS A C	CONSEQUENCE OF	n:						
¥	if any, leading to immediata cause. Enter UNDERLYING									İ
띮	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A C	CONSEQUENCE OF):						1
	reaulting in death) LAST									
CERTIFICATION	d									
	PART II. Other algolificant conditions contrib	uting to death but	t not resulting I	n the underly	ing ceuse give	n in Part i.	24a, WAS AN PERFOR			WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
DICAL							1 TYES 2	4		COMPLETION OF CAUSE OF DEATH?
E I							/			1 YES 2 NO
-	DID TOBACCO USE CONT	RIBUTE TO	CAUSE OF	DEATH	YES [NO M				
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL			28	PLACE OF DEATH	H (Check only	one)			
Sic	EXAMINER? 1 YES 2 NO 1 Indicate	TAL: tlent 2 - ER/Outpat	tient 3 DOA	OTHER:	ome 5 🗆 Reside	- 44F O	has (Canally)	Hogo	igo	
Ě∣		DATE OF INJURY	28b. TIMI	E DF 28c.	NJURY AT		ESCRIBE HOW II	HOSP		
	1 Netural 5 Pending	(Month, Day, Year)	INJ	URY	WORK?				OHES	
B	2 Accident Investigation	PLACE OF INJURY -	- At home, ferm, s				CATION (Street a	nd Number	or Rumi Re	oute Alumber
	3 Suicide 8 Could not be determined 28s. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 28s. LOCATION (Street and Number or Rural R City or Town, Stete)								or righter ric	Auto Number,
COMPLET	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To t	ne best of my knowle	dge, death occurre	d at the time, d	ate end place, and	due to the c	ause(e) end man	ner sa state	ed.	
<u> </u>	one) 2 MEDICAL EXAMINER: On the									end menner as stated.
- 1	29h, SIGNATURE AND TITLE OF CERTIFIER				1					
8	Kendallo OG	1.061	a. ~	\circ	29c. LICENSE	7 17		N 1	. SIGNED	(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO COMPLI	TED CAUSE OF DEAT	TH /ITEM AT /	<u></u>	Nac	2004-		- 6	110	177
				,	u Dood	m~	m Mar	المحم [س	י מי	204
	Kendall R. Faulkner,	Z300	Dulaney	valte	y Road,	TOWSO	m, Mar	yrano	. 21	.204
	31. DATE FILED (MONIN, Day, Year) 1994 32.	GIATRANO SIGNAT	n-Andell							
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BALTIMORE, MARYLAND	ON STATE SECTION OF THE Party and the desired has desired by a considered with
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- VITA	OCARL The
ONC	SALLO DIANO
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	ON STATES

21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

	1. DECEDENT'S NAME (First, Middle, Last)				AIE UI	DEATH	2. DATE OF	DEATH		3. TIME OF DEATH
	CHARLES		FELD	ER			MONTH	0	9 C	3(4)
	4. SOCIAL SECURITY NUMBER 247-28-2514	5. SEX	8. AGE (In yrs. 7!	5 YRS.	ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		9/. Year) 31, 1919	S.	Carolina
	99. FACILITY NAME (If not institution, give s Sinai Hospital RESIDENCE OF DECEDENT	treet and number)				on Location of C	DEATH T	9c. C	OUNTY OF N/A	DEATH
	10a. STATE 10b. COUNTY	v N/A			TOWN OR LOCAL					10d. INSIDE CITY LIMITS? t X YES 2 NO
- 1	100. STREET AND NUMBER 4800 SETON DRIVE					of. ZIP CODE 21215		10g. 6	U?S	WHAT COUNTRY?
	11. MARITAL STATUS † Never Merried 2 Merried 3 💢 Widowed 4 Divorced		NT EVER IN U.S. 1 T YES 2 X	ARMED NO	If yes, s	CENDENT OF HISPA specify Cuben, Mexic S 2 NO Spec	an, Puerto Rica		- 14. RAA Bla	CE — American Indian, ek, White, etc.
	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5		DECEDENT'S US (Give kind of wor life. Do NOT use i	rk done during n		16b. KII	ND OF BUSINESS/	INOUSTRY	
	6th	N/A		Carpe	enter			N/A		
	17. FATHER'S NAME (First, Middle, Last) Dinkins Felder							de, Maiden Surnam	e)	
	t9e. INFORMANT'S NAME (Type/Print)			40h 444 his	DDDEGG (C)		Felder			
	Azalee Covington					St./Bali				
	20e. METHOD DF DISPOSITION		20h PI 40	EAND DATE OF			DATE	20c. LOCATION		Town State
	t Donation 5 Other (Specify)	oval from State		crematory or othe			DATE			1 Co, MD
	V 1	1-1	//	101	March	ANO ADDRESS OF F	st			
	23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List Dnly one ce	use/on aech ii	ne.	March 1101	F.H. Ea E. North	St Avenu	e/Baltir	more,	intarvai Beti
	shock, or heart failure. iMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	a. Due to	use/on aech ii	SEQUENCE OF):	March 1101	F.H. Ea E. North	St Avenu	e/Baltir	more,	Approximate interval Bets
	immediate cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediata	a	O (OR AS A CONS	SEQUENCE OF):	March 1101	F.H. Ea E. North	St Avenu	e/Baltir	nore,	Approximate interval Betw
	shock, or heart failure. iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. DUE TO C. DUE TO d.	O (OR AS A CONS	SEQUENCE OF):	March 1101 tentar tha m	F.H. Ea E. North mode of dying, su	Avenuch as cardiac	e/Balting or reapiratory	arrest,	Approximate interval Bets Onset and C Onset and C Onset and C Onset and C Onset and C Onset and C Onset and C Onset and C Onset and C Onset and C Onset and C Onset and C Onset and C Onset and C Onset and C Onset and C O
	shock, or heart failure. IMMEDIATE CAUSE (Finei diseese or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evants resulting in death) LAST	a. DUE TO b. DUE TO c. DUE TO d	O (OR AS A CONS	SEQUENCE OF): SEQUENCE OF): SEQUENCE OF):	March 1101 tentar tha m	F.H. Ea E. North mode of dying, su	Avenuch as cardiac	c or reapiratory Take the second of the sec	arrest,	Approximate interval Bets Onset and C Onset and C Onset and C Onset and C Onset and C Onset and C Onset and C Onset and C Onset and C Onset and C Onset and C Onset and C Onset and C Onset and C Onset and C Onset and C O
	shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent condition DDW LEXAMINERY 1 YES 2 NO	a. DUE TO b. DUE TO c. DUE TO d. HOSPITAL: t Inpatient 2	O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS	SEQUENCE OF): SEQUENCE OF): SEQUENCE OF): At resulting in	March 1101 t enter the m the underlyie	TF.H. Ea E. North hode of dying, su ACCCAC In grave given in PLACE OF DEATH (Come 5 Residence	Avenuch as cardiac	Sa. WAS AN AUTOPPERFORMED? YES 2 NO	arrest,	Approximate interval Betwood Onset and D
	shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	a. DUE TO b. DUE TO c. DUE TO d	D (OR AS A CONS D (OR AS A CON	BEQUENCE OF): BEQUENCE OF): BEQUENCE OF): The resulting in BEQUENCE OF): BEQUENCE OF): BEQUENCE OF): BEQUENCE OF):	tha undariyi	PLACE OF DEATH (Come 5 Residence NUMBY AT YORK?	Part I. 24 heck only one) 8 Other (S	Sa. WAS AN AUTOPPERFORMED? YES 2 NO	arrest,	Approximate interval Bets Onset and D Onset and D AMILABLE PRIOR TO COMPLETION OF CALL OF DEATH?
	Shock, or heart failure. IMMEDIATE CAUSE (Finei disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that intitlated evants resulting in death) LAST PART II. Other significent condition PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNED OF DEATH 1 Netural 5 Pending	a. DUE TO b. DUE TO c. DUE TO d	O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS	BEQUENCE OF): BEQUENCE OF): BEQUENCE OF): The resulting in BEQUENCE OF): BEQUENCE OF): BEQUENCE OF): BEQUENCE OF):	tha undariyi	PLACE OF DEATH (Come 5 Residence NUMBY AT YORK?	Avenuch as cardiac Part I. 24 1 Part I. 24 1 Deck only one) 8 Other (S 286. DESCR	ia. WAS AN AUTOPPERFORMED? YES 2 NO	SY 24	Approximate interval Bets Onset and E Onse
	Shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated evants resulting in death) LAST PART II. Other significent condition PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNED OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined	a. DUE TO b. DUE TO c. DUE TO d	D (OR AS A CONS D (OR AS A CON	SEQUENCE OF): SEQUENCE OF): SEQUENCE OF): At resulting in 3 DOA 4 28b. TIME INJUR home, ferm, str	tha undariying the un	TF.H. Ea E. North hode of dying, su ACCACA The second of the second of	Avenuch as cardiac Part I. 24 1 Part I. 24 1 Description of the cause 1 to the cause 1 to the cause 1 to the cause	ia. WAS AN AUTOPPERFORMED? YES 2 NO	OCCURED or Rural stated.	Approximate interval Betw Onset and D Onse

DHMH-16 Rev 1/89



31. DATE FILEO (Month, Day, Year)

REG. NO

permit. use as the burial-transit attending physician. BALTIMORE, MARYLAND 21215-0020 retained by the hospital or funeral director, page 5 should be detached for Page 6 may death. illed in by the an and completely i DIVISION OF VITAL RECORDS, P.O. BOX 68760, executed with been signed by the attending physician it, of Health and Mental Hygiene prior to has b certificate h with After DIRECTOR: J FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last, 2. DATE OF DEATH 3. TIME OF DEATH HELEN BOHN FOLTZ 1994 JUNE 6. 12:20 P. 4. SOCIAL SECURITY NUMBER 5 SEY 6. AGE (In vrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS 1 🗌 M 2 🕁 F 201-18-7273 JULY 17. 70 PENNSYLVANIA 9a. FACILITY NAME (If not institution, give 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF OFATH PRINCE GEORGE Pages 1, 2, 3 DIRECTOR 7004 ANNAPOLIS ROAD HYATTSVILLE RESIDENCE OF DECEDENT 10b. COUNT 10c. CITY, TOWN OR LOCATION MARYLAND PRINCE GEORGE HYATTSVILLE 1 X YES 2 | NO FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 7004 ANNAPOLIS ROAD 20784 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or Noif yes, specify Cuban, Maxican, Puarto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married 1 TYES 2 NO Specify: Specify: WHITE BY 3 Widowed 4 Divorced ETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) COMPL HOMEMAKER HOME 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) N WILLIAM BOHN LULA HART BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 15602 BRADFORD DRIVE, LAUREL, MARYLAND 20707 JOANNE FOLTZ CASEY pe 20s. METHOD OF DISPOSITION

1 Burlai 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, Stata OATE must BALTIMORE WASHINGTON CREM. 6/7 LAUREL, MARYLAND ekaminer 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY FLECK FUNERAL HOME, INC. 7601 SANDY SPRING ROAD, LAUREL, MD 20707 medical ns that caused the seath. Do not enter the mode of dying, such as cerdiac or respiratory errest, ne cause on each line. shock, or heart fallu 1 JO interval Between IMMEDIATE CAUSE (Final Onset and Death the disease or condition Cardiorespiratory Arrest 3 days resulting in death) event. DUE TO (OR AS A CONSEQUENCE OF): Hepatorenal Failure 1 month traumatic CERTIFICATION Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING Metastatic Breast Cancer 4 years CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initieted events resulting in death) LAST -0 PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Pert I. 24a. WAS AN AUTOPSY PERFORMEO? 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO shows any Anemia COMPLETION OF CAUSE OF DEATH? 1 TYES 2 NO Degenerative Arthritis 1 YES 2 NO PHYSICIAN: 23 25 WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL OTHER: 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) 0 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF INJURY 28d. DESCRIBE HOW INJURY OCCURED marked, 1 X Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 3 Sulcide 28a. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 40 COMPLETED 28 TO THE HOSPITAL OR ATT TO THE FUNERAL DIRECT be filed within 72 hours at IMPORTANT: If Item 2 29a. CERTIFIEM 1 CERTIFYING PHYSICIAN: To the beat of my knowledge, death occurred at the time, date and place, and due to the cause(a) and menner as stated. on, in my opinion, death occured at the time, data and place, and due to the cause(s) and menner as stated. 29b. SKINKTUI HE AND TITLE OF 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE DO1499 06-07-94 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
Lewis Hilliard Dennis, M.D., P.A. 6201 Greenbelt Road #U-1 College Park, MD 20740 32 REGISTRAR'S SIGNATURE
Surlan R

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

DHMH-18 Rev 1/89

		1 - STATE REGISTRAR	STATE OF MARYLA		MENT OF HEAL CATE OF DE		ENTAL HYGIEN		
		1. DECEDENT'S NAME (First, Middle, Last)	B A	aggle Gro			2. DATE OF DEATH D		3. TIME OF DEATH
pin		4. SOCIAL SECURITY NUMBER 215-12-7763 99. FACILITY NAME (If not institution, give sti	1 - M 2 KF	8 84vas.	HTHS DAYS HOL	JAS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. BIFTT Cour BA	HPLACE (State or Foreign LTIMORE, MD
. 2. 3 should	CTOR		PITAL	91	B /	ALTIMO		9c. COUNTY OF	
UZU physician. burial-transit permit. Pages 1.	DIRE	MARYLAND 10b. COUNTY	a	10c. CITY, T	OWN OR LOCATION	ALTIMO	RE		10d. INSIDE CITY LIMITS? 1) YES 2 \(\text{NO} \)
n. ansit perr	FUNERAL	100. STREET AND NUMBER 2812 MAISE	L STREET		101. ZIP 2]	1230		UNITED	STATES
1 2 a	BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Nicklowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 ☐ YES IF YES, GIVE WAR OR OAT	2 X)(O		Cuban, Mexican,	ORIGIN? (Specify Yes Puerto Rican, etc.)	Ble	CE — American Indian, ck, Whita, etc.
Z1Z1	APLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (6-12)		18e. DECEDENT'S US (Give kind of work life. Do NOT use n JANITO	done during most of valided.)	working		SINESS/INDUSTRY	ANK
8 6 G	BE COMPL	17. FATHER'S NAME (First, Middle, Lest) GEORGE BLUE			18.	LAURA	BLUE	Surname)	
9 80	TO B		GHN	196. MAILING AD 2803	MAISEL	ST,	BALTIMO	RE, MD	21230
ALLIMORE, leath. Page 6 may be funeral director, page xaminer must be		20e, METHOD OF DISPOSITION A Burial 2 Cremation 3 Remo 4 Donation 8 Other (Specify)		PLACE AND DATE OF I	DISPOSITION (Name of	METERY		CATION — City of T L T I MORE	
~ ~ <u></u>		21. SIGNATURE OF FUNERAL SERVICE LICE	Mayor			MARCH	FH110		RTH AVE.
ed within cours ompletely filled in t il, cremation, or rer event, the medi	z	23. PART I. Enter the diseases, or conshock, or heart failure. If IMMEDIATE CAUSE (Final disease or condition resulting in death)	list only one couse on ee	ch line.					Approximata Interval Between Onset and Death 2 day Put Tyears
n certificate be ex anding physician a Hygiene prior to or other traum	CERTIFICATION	Sequentially ilst conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A O	CONSEQUENCE OF):	wlic	Card	ωναςς	. Aisea	20/54000
requires that the been signed by the signed by the signed by the shows any injury.	MEDICAL	PART II. Other significant conditions	e contributing to deeth bu		100	euro	PERFO	RMEO?	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
E se H	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		28. PLACE (THER: Nursing Home 5	OF DEATH (Check			
PHYSIC this ce with th	ВУ РНУ	27. MANNEB OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	F 28c, INJURY	AT 2	esd. DESCRIBE HOW	NJURY OCCURED	
DR ATTENDING I DIRECTOR: After hours after death		3 Suicide S Could not be	28e. PLACE OF INJURY - building, etc. (Specifi	At home, farm, atre-	et, factory, offica	2	est. LOCATION (Street City or Town, State)	and Number or Rural	Route Number,
Houng File	COMPLETE		EIAN: To the best of my knowle B: On the basia of examination						(a) and menner as stated.
TO THE HOSPITAL TO THE FUNERAL be filed within 72 IMPORTANT: If	TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	The second secon		H	LICENSE NUMBI	fiver	29d. DATE SIGNE	D (Month, Day, Year) 12 -94
1	-		Cablera		n) 15. He	nove	2 Stree	t Bo	elto MD.
2		31. DATE FILED NUN 15 1994	32. TELLENDONE	With Randall					
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3. TIME OF DEATN

10d. INSIDE CITY

1 YES 2 NO

White

Approximata

HRS

40-5

Onset and Death

8. BIRTHPLACE (State or Foreign

Mass

16g. CITIZEN OF WHAT COUNTRY?

USA

14. RACE - American Indian, Black, White, atc.

9c. COUNTY OF DEATN

Talbot Co

2:15 p. m

BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or attending physician
8	after d
•	HOURS
Ō.	with
X 68760	e executed with.
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FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

Bradford

		=	ion	e e
0.0	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fill	be fied within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the
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DIVISION OF VITAL RECORDS, P.O. BOX 68760	OR /	DIRE	hours	ltem.
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296. SIGNATURE AND TITLE OF CERTIFIER

1000

MARWEZ

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

COURT

122 REGISTRAR'S SIGNATURE

4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 7. DATE OF BIRTH Month, Day, Year)
11-30-1903 DAYS HOURS 1 M 2 F 90 169 36 5262 Pages 1, 2, 3 should Sa. FACILITY NAME (If not institution, give street and number) 9b. CITY. TOWN OR LOCATION OF DEATH DIRECTOR William Hill Manor Ret Home Easton 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION Maryland Talbot Co. Easton permit. FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE the burial-transit 501 Dutchman's Lane 21601 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-it yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 Never Married 2 X Married 1 YES 2 NO Specify: BY 3 Widowed 4 Divorced SE COMPLETED 15. DECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY USe (Specify only highest grade or College (1-4 or 5 +) JQ. Elementary/Secondary (0-12) Medicine detached 12 +4+ Physician 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) page 5 should be 76 BE Albert Henry Green Edith Armington notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Bradford Green. RiverOakFarms, 10158AnglingRd, Wooster, OH 9 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must l funeral director, 4 Donation 8 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE RO Dald Wade, Dir 22. NAME AND ADDRESS OF FACILITY State Anatomy Board examiner 555W.BaltimoreSt,Balto,MD21201 iries that the death certificate be executed more filled in by the signed by the attending physician and completely filled in by the Health and Merital Hygiene prior to burial, cremation, or removal. 23. MART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdisc or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final (EREBRAL EMBORIZODON disesse or condition resulting in death) DUE TO (OR-AS A CONSEDUENCE OF KEGURGITATION SUBRE CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEDUENCE DF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury 4, TRAZ VALVE ROTAPSE The law requires that the death certificate DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24e. WAS AN AUTOPSY PERFORMED? MEDICAL PRIVED HERRS 1 YES 2 NO shows : s certificate has been sith the State Dept. of Hi PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE DF DEATH (Check only one) Item EXAMINER? HOSPITAL: OTHER: 1 | YES 2 | NO PHYSICIAN: 1 | Inpatient 2 | ER/Outpatient 3 DOA ng Nome 5 🗹 Residence 8 🗆 Other (Specify) 6 27. MANNEB OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCU After this co Is marked 1 Natural 8 Pending Investigation 1 YES 2 NO BY 2 Accident OR ATTENDING 28e. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 281. LOCATION (Street and Number of City or Town, State) 3 Suicide DIRECTOR: A hours after d ED 8 Could not be 4 Nomicide COMPLET 29s. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as state-

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

Sr

MD

tion and/or investigation, in my opinion, death occured at the time, data and place, and due to the

EASTON, MO 2/601

29c. LICENSE NUMBER

723962

Green

94 17454

2. DATE OF DEATH

6/

DAY 9/

	1465.
24b	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
ED	
Rural I	Route Number,
	a) and menner as stated. (Month, Day, Year)
9	S4
	DHMH-18 Rev 1/8

29d. DATE

94-096

1 - STATE BEGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

			CERTII	TOATE	OF DEA	1.11		REG. NO.		
1. DECEDENT'S NAM	AE (First, Middle, Last)		GADE				2. DATE OF MONTH	D/		3. TIME OF OEATH
4. SOCIAL SECURIT	Y NUMBER		NGE (In yrs. last birthday)	IF UNDER 1 Y	EAR IF UNDE	R 24 HRS.	7. DATE OF (Month, E	BIRTH		BIRTHPLACE (State or Fore Country)
			3 4 YRS.	BONTINS O	AVS HOURS	MPTPG.		5-19	60	Country
or I	(If not institution, give st	·			WN OR LOCAT				9c. COUNTY	Y OF DEATH
UNIVER RESIDENCE O	SITY HOS	SPITAL S.	T.U.	BALT	IMORE	CIT	<u> </u>		na	
10a. STATE	10b. COUNTY	Y		Y, TOWN OR I						10d. INSIDE CITY
Marylan 10a. STREET AND N			Ва	ltimo						1 TYES 2 N
3807	Fairhay	ven Avenu	e		10f. ZIP COD	E			10g. CITIZEI	N OF WHAT COUNTRY?
3 Widowed 4	2 Married	12. WAS DECEDENT EV FORCES? 1 1 1 IF YES, GIVE WAR C	YES 2 NO	If ye	OECENDENT on, specify Cub. YES 2 NO	an, Mexica	n, Puarto Ric		or No.— 14	Black, White, etc. Specify: White
(Spe	15. DECEDENT'S EDUC ecify only highest grade ndary (0-12)		18a. DECEOENT'S (Give kind of life. Do NOT u	work done duri	IPATION ng most of work	ing	16b. K	IND OF BUS	SINESS/INDUS	TRY
17. FATHER'S NAME	(First, Middle, Last)			-	18. MOT	HER'S NAI	ME (First, Mid	dle, Maiden	Surname)	
19a. INFORMANT'S P	NAME (Type/Print)		19b. MAILING	ADDRESS (S	treet and Numbe	r or Rural F	loute Number,	City or Town	n, State, Zip Co	ode)
20a. METHOD OF DI 1 Burlel 2 C 4 Donation 5	remetion 3 - Reme	oval from State State re	20b. PLACE AND DATE cemetery, crematory or o		ON (Neme of		DATE	20c. LO	CATION — CIT	y or Town, State
		Ronald		r 22. NAI	ME AND ADDRE	SS OF FAC	CILITY S	tate	Anat	omy Board
V Wal	wel // //	Mars/	,							D21201
Z Sequentially list if any, leading to cause. Enter UNI CAUSE (Disease	disease or condition reaulting in death) Due to (or as a consequence of): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of):									
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PART II. Other all	gnificant condition	a contributing to dea	th but not resulting	in tha unde	rlying cause	given in	Part I. 2	PERFOR	MED?	24b. WERE AUTOPSY FIN AVAILABLE PRIOR T COMPLETION OF CA OF DEATH?
		CONTRIBUTE TO	O CAUSE OF	DEATH	YES [NO	Ø			
25. WAS CASE REFE		HOSPITAL:	Outpatient 3 🗆 DOA	OTHER:	Home 5 R			Specify)		
√ 1 X YES 2 □				_	c. INJURY AT		28d. DESCR	IBE HOW I	NJURY OCCUP	RED
27. MANNER OF DEA	_	28a. DATE OF INJU	(a) _ 4 _ W		WORK?					
27. MANNER OF DEA 1 Natural 2 Accident	5 Pending Investigation	MAY 31-	1994 5:0	5Pm	WORK?	XNO	SUBJ			
27. MANNER OF DEA 1 Netural 2 Accident 3 Suicide 4 W Homicide	5 Pending	MAY 31-	1994 5:0	5Pm	WORK? YES 2	ΧNO	28f. LOCATI City or	ON (Street a Town, State)	and Number or	Rural Route Number,
27. MANNER OF DEA 1 Natural 2 Accident 3 Suicide 4 Homicide	5 Pending Investigation 8 Could not be datermined	MA Y 3 1 -	1994 5:0 ORY — At home, farm, (Specify) IN HA	5Pm 1 street, fectory,	WORK? YES 2		28f. LOCATI City or 3917	ON (Street a Rown, State)	CAL	AVE
27. MANNER OF DEA 1 Natural 2 Accident 3 Sulcide 4 Homicide	5 Pending Investigation 6 Could not be datarmined CERTIFYING PHYSIC	MAY 31 - 28s. PLACE OF IN. building, atc.	IURY — At home, farm, (Specify) IN HA	STPM 1 street, fectory, LLWAY	WORK? YES 2 [office	a, end due	28f. LOCATI City or 3917 to the cause	ON (Street a Town, State) PAS (a) and man	SCAL A	AVE
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27. MANNER OF DEA 1 Netural 2 Accident 3 Sulcide 4 Homicide 29e. CERTIFIER (Check only one) 2 9e. SIGNATURE AND 0 0	5 Pending Investigation 6 Could not be determined CERTIFYING PHYSIC MEDICAL EXAMINE TITLE OF CERTIFIER	MAY 30 Jay, Ye 28a. PLACE OF IN. building, atc. CIAN: To the beat of my N R: On the beels of examin	IURY — At home, farm, (Specify) IN HA thowledge, death occur	street, factory, LLWAY and at the time, on, in my opin	WORK? YES 2 [office deta and place lon, death occur 29c. LIC	a, end due	28f. LOCATI City or 3917 to the cause time, date an	ON (Street a Town, State) PAS (a) and man	SCAL Anner se stated.	AVE
27. MANNER OF DEA 1 Netural 2 Accident 3 Sulcide 4 Homicide 29e. CERTIFIER (Check only one) 2 9e. SIGNATURE AND 0 0	5 Pending Investigation 6 Could not be determined CERTIFYING PHYSIC MEDICAL EXAMINE TITLE OF CERTIFIER	MA Youth 3 Day, Ye MA YOUTH 3 Day, Ye MA YOUTH 3 Day, Ye Lace OF IN, building, atc., CIAN: To the beat of my Market 1 on the beat of examination of the beat of examination of the beat of examination of the beat of examination of the beat of examination of the beat of examination of the beat of examination of the beat of examination of the beat of examination of the beat of examination of the beat of examination of the beat of examination of the beat of examination of the beat of examination of the beat of the beat of examination	IURY — At home, farm, (Specify) IN HA (nowledge, death occurnation and/or investigation of the second of the secon	street, fectory, LLWAY and at the time, on, in my opin	WORK? YES 2 office office deta and plecition, death occur 29c. LIC	e, end due ired at the ENSE NUM C . M	28f. LOCATI City or 3917 to the cause time, date an	ON (Street a fown, State) PAS (a) and man id place, en	SCAL inner se stated. d due to the c	Cause(a) end manner as ata

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	i
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR 94 Brenda Joyce 21:10 Gover 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH (Month, Day, Year, 8, AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 8. BIRTNPLACE (State or Foreign DAYS HOURS 1 M 2 F 215-40-1575 52 Feb. 8. Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATN DIRECTOR Pages 1, 2, 3 Carroll County General Hospital Westminster Carroll County RESIDENCE OF DECEDENT 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Carroll County 1 YES 2 X NO Millers permit. FUNERAL 10a. STREET AND NUMBER 10f ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 3582 Picnic Grove Road 21107 use as the burial-transit U.S.A. the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EYER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Maxican, Puarto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 X Married BY 3 Widowed 4 Divorced White 18a. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) (Give kind of work done life. Do NOT use retired.) page 5 should be detached for Elementary/Secondary (0-12) College (1-4 or 8 +) 12 Homemaker Domestic 17. FATNER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) retained by To BE Frederick August Sadosky Lottie Blanche Poole notified 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mr. Melvin W. Gover 3582 Picnic Grove Road Millers, MD 21107 nours after death. Page 6 may be pe 20e. METNOD OF DISPOSITION
1 \(\Delta \) Burial 2 \(\Delta \) Cremetion 3 \(\Delta \) Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, Stata must funeral director, 4 ☐ Donation 8 ☐ Other (Specify) _ Evergreen Mem, Gardens 6/17/94 Finksburg, MD examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Trian HAIGHT FUNERAL HOME (P.O. Box 195) Sykesville, MD 21784 (410)-795-1400 filled in by the medicai 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory streat, shock, or heart failure. List only one cause on each line. Approximats interval Between ŏ IMMEDIATE CAUSE (Final Onset and Death the disesse or condition letastatic Colon Com Cen and completely fi burlal, crematio dyeurs resulting in death) event, DUE TO (OR AS A CONSEQUENCE OF traumatic and CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): 2 If any, leading to immediate cause. Enter UNDERLYING prior CAUSE (Disesse or Injury other attending phy antal Hygiene (DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST the atter Mental PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL WERE AUTOPSY FINDINGS been signed by thept. of Health and A AWAILABLE PRIOR TO amy COMPLETION OF CAUSE 1 TES 25 NO OF DEATH? Shows 1 YES 2 NO PHYSICIAN: 23 certificate has the the State Dept 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) **EXAMINER?** HOSPITAL: OTHER: 1 YES 2 NO 1 | Inpetient 2 | ER/Outpetient 3 | DOA 4 - Nursing Nome 5 - Rasidence 8 - Other (Specify) 0 27. MANNER OF DEATN 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED this 1 Natural 8 Pending Investigation 1 YES 2 NO BY DIRECTOR: After thours after death item 28 is mari 2 Accident HOSPITAL DR ATTENDING 28e. PLACE OF INJURY — At home, ferm, street, tectory, office building, stc. (Specify) 3 Sulcide 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be COMPLETED 4 Homicide 28e. CERTIFIER

(Chack and)

1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and menner as stated. TO THE HOSPITAL IN THE FUNERAL DE DE filed within 72 ho 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE line 94 124321 30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) Jaza d'austra Signature

		REGISTRAR CERTIFICATE OF DEATH REG. NO.
		1. DECEDENT'S NAME (First, Middle, Last) N. HOTUSON 2. DATE OF DEATH MONTH DAY YEAR 4:35 PA
		4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthdey) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) OF OF OF OR A SEX SEX 6. AGE (In yrs. last birthdey) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) OF OF OF OR A SEX SEX SEX SEX SEX SEX SEX SEX SEX SEX
should		9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATN
1, 2, 3 sh	DIRECTOR	CIMMS 22 S. GIVEEN ST BEHTMORE, MO BEHTMORE CUTY
Pages 1	1 2	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY
permit. Pa		Ba Ho 100. STREET AND NUMBER 101. ZIP CODE 100. CITIZEN OF WHAT COUNTRY?
isi	FUNERAL	1007 Stamford Rd 21229 U. S.A.
	BY	11. MARITAL STATUS 1 Never Married 1 Never Married 2 Married 3 Widowed 1 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECEDENT OF HISPÁNIC ORIGIN? (Specify Yea or No— If yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, Whita, etc. 1 YES 2 NO Specify: 15. WAS DECEDENT OF HISPÁNIC ORIGIN? (Specify Yea or No— If yes, specify Cuban, Mexican, Puerto Rican, etc.)
r attending	밑	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working
Spital o	COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+) life. Do NOT use retired.) Upland's Apartments 17 FATHER'S NAME (First Middle 1 mm)
by the be det	ш	17. FATHER'S NAME (First, Middle, Lyst) Flour Harry Nellie Harry Nellie
retained to 5 should notified	TO B	19a. INFORMANT'S NAME (TyperPrint) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) NELLIE Williams 1007 Stam Ford Rd Batt, Hel ZIZZG
e 6 may be ector, page		20a, METNOD OF OISPOSITION 20a, METNOD OF OISPOSITION 20b, PLACE/AND DATEOF DISPOSITION (Name of Comments) 20c, PLACE/AND DATEOF DISPOSITION (Name of Comments) 20c, PLACE/AND DATEOF DISPOSITION (Name of Comments) 20c, PLACE/AND DATEOF DISPOSITION (Name of Comments) 20c, PLACE/AND DATEOF DISPOSITION (Name of Comments) 20c, PLACE/AND DATEOF DISPOSITION (Name of Comments) 20c, PLACE/AND DATEOF DISPOSITION (Name of Comments) 20c, PLACE/AND DATEOF DISPOSITION (Name of Comments) 20c, PLACE/AND DATEOF DISPOSITION (Name of Comments) 20c, PLACE/AND DATEOF DISPOSITION (Name of Comments) 20c, PLACE/AND DATEOF DISPOSITION (Name of Comments) 20c, PLACE/AND DATEOF DISPOSITION (Name of Com
Page 6 al directo		21. SIGNATURE OF FUNERAL SERVICE LICENSEE
SALIIMOR after death, Page 6 mi by the funeral director, moval, ical examiner must		Harch Harch F. H. west Ave Batto, nd
red within hours after completely filled in by the fal, cremation, or removal cevent, the medical		23. PART I. Enter the diseases, or complications that caused the desth. Do not enter the mode of dying, such as cerdiac or reepiratory arrest, ehock, or heart fellure. List only one ceuse on each line. IMMEDIATE CAUSE (Finel disease or condition reaulting in death) Approximate interval Between Onset and Desth
be execution to bur	RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (DISEASE (D
H H	CERTIFI	that initieted evants resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): d.
S S S S		PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS
res that igned by ealth an	EDICAL	PERFORMED? 1 YES 2 NO COMPLETION OF CAUSE OF DEATN?
e law requires has been sign Dept. of Heal	Σ.	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO
N: The law icate has be State Dept.	_	25. WAS CASE REFERRED TO MEDICAL 26 PLACE OF DEATH (Charle only one)
JAN: The ritificate he State or item	SICI	EXAMINER? 1 YES 2 NO VES 2 NO VES 2 NO VES 2 NO VES 3 NO VES 3 NO VES 3 NO VES 3 NO VES 3 NO VES 3 NO VES 3 NO VES 3 NO VES 3 NO VES 3 NO VES 3 V
This can with the	ву рну	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? M 1 YES 2 NO 28d. DESCRIBE HOW INJURY OCCUREO
OR ATTENDING F DIRECTOR: After I hours after death tem 28 Is mar	8	3 Suicide 8 Could not be detarmined 28a. PLACE OF INJURY — At homa, farm, street, factory, office City or Town, State) 28a. PLACE OF INJURY — At homa, farm, street, factory, office City or Town, State)
S S S S S S S S S S S S S S S S S S S	PLET	29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the head of my lamifold doth as a few laminum of the l
国际工	COMF	(Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated.
THE HOSPI THE FUNEF filed within PORTANT:	BE (296. SIGNATURE AND TITLE OF CERTIFIER 29d. OATE SIGNED (Month, Day, Year)
2 2 3 3	101	30. NAME AND AGORESS OF PERSON WHO CONNECTED CAUSE OF GEATH (ITEM 27) (Type, Print)
		31. DATE FILED (Mann) 19074) Julio DEGLATIONE SENTIONE ST. BELLETINE 14021201
		JUN 10 100 . U

Item1 6-15-94 FilmG712 W.H.Per F/H

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Jours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1 - FOR STATE REGISTRAR

	NEGIGTNAN			Eniir	ICALL	_ 0	DEA	III	REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last) Augustine Augustina	На		MONTH				2. DATE OF DEATH DAY YEAR JUNE 11 1994		3. TIME OF OEATH 2123 M		
	4. SOCIAL SECURITY NUMBER 213-32-3605	5. SEX 1 M 2 X F	6. AGE (In yrs. les	st birthday) YRS.	IF UNDER	NOER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Mgrith, Days, Year) THIS DAYS HOURS HIN. (Mgrith, Day, Year)		7. DATE OF BIRTH	8. BIRTHPLACE (State Country)		PLACE (State or Foreign	
	9e. FACILITY NAME (If not institution, give	street end number)			9b. CITY	, TOWN C	R LOCAT	IDN OF DE	ATH	9c. COL	INTY OF DE	ATH
DIRECTOR	1600 W. Balti		В	alt	imo	re						
E E	10e. STATE 10b. COUNT	Υ			Y, TOWN	OR LOCAT	ION					10d. INSIDE CITY
	MD			BAI	JTO							YES 2 NO
FUNERAL	10e. STREET AND NUMBER					101	. ZIP COD			10g. CITIZEN OF WHAT COUNTRY?		
빌	1600 W. BALTIN		APT 2		1.0			1223				S.A.
BY FU	1 Never Merried 2 Merried 3 Wildowed 4 Divorced	FORCES? 1	YES XXX	ND		II yes, sp	ecity-Cubi	of HISPAN an, Mexicer Specify	IC ORIGIN? (Specity Yes n, Puerto Ricen, atc.)	Black, White, etc.		
	15. DECEDENT'S EDU	JCATION	16a, DE	CEDENT'S	USUAL O	CCUPATIO	ON .		16b. KINO OF BUS	SINESS/IN	DUSTRY	BLACK
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5	(G life	Do NOT us	work done se retired.)	during mo	st of worki	ng		JANE G G 1 11 V	D031111	
NO.	7TH 17. FATHER'S NAME (First, Middle, Last)						16. MOT	HER'S NA	AE (First, Middle, Maiden	Sumamal		
BE C	ERNEST NEEL	, Υ					_	ANCE				
TO B	19e. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRES	S (Street e			oute Number, City or Tow		p Code)	
F	LENORA PATI			2010	RI	DGE	HILI	AV	E BALTO,	MD	2121	L 7
	20s METHOO OF DISPDSITION 1 A Buriel 2 Cremetion 3 Rem 4 Donetion 5 Other (Specify)	noval from State	20b. PLACE	AND DATE O	MOR	IAL	me of	ARK			City or Tow	STOWN, MD
	21. SIGNATURE DF FUNERAL SERVICE LI	CENSEE	/					SS DF FAC	EST 4300	WAE	BASH	AVE
	23. PART I. Enter the diseases, or	11 Qu	ch				,					
	ehock, or heert feilure. IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	a. Aug	OP AS A CONSE).	Α.						rest,	Approximate intervel Between Onset and Death
CERTIFICATION	Sequentielly list conditione, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events A Custor Vayour Disease Due to (or as a consequence of): Due to (or as a consequence of):											
ERT	resulting in deeth) LAST	d	•									
	PART II. Other significant condition	ns contributing to	death but not i	resulting	in the un	deriving	1 COUSE	Given in I	Part I 240 MMS AN	AUTODEV	245	WERE AUTOPSY FINDINGS
EDICAL	Fibrofetty Liver PERFORMED? YES 2 \(\text{NO}\) AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?										AVAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH?	
Σ ;	DID TOBACCO USE	CONTRIBUTE	TO CAUS	SE OF	DEAT	H Y	ES [NO				1 XYES 2 ND
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	1100					ACE DF D	EATH (Che	ck only one)			
YSIC	1 X YES 2 ND	HOSPITAL:	ER/Outpatient 3	□ DOA	4 Nur		• 5 K R	esidence i	B ☐ Other (Specify)			
ву Рн	27. MANNER OF OEATH 1 Natural 5 Pending Accident Investigation	28e. DATE DE (Month, C		28b. TIM	E DF URY M		URY AT RK? (ES 2 [NO	28d. DEŞCRIBE HDW I	NJURY OC	CURED	
8	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE D building,	F INJURY — At ho etc. (Specify)	ome, ferm, s	stree1, 1ect	ory, office	•		281. LOCATION (Street a City or Town, State)	and Numbe	r or Rural Ro	oute Number,
J.E	29a. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of	my knowledge, de	ath occum	ed at the t	lme dete	and place	and due	to the cause(s) end mar		dod.	
COMPLET	(Check only 2 MEDICAL EXAMINI											end menner as stated.
BE C	296 SIGNATURE AND TITLE OF CERTIFIE	R/ L	- 11	\cap	_		29c. LIC	ENSE NUM	BER	29d. DAT	TE SIGNED	Month, Day, Year)
10	30 HAME AND ADD LESS OF PERSON WI	10 CDMPLETED CAU	SE OF DEATH WITE	M 27) (Туре,	Print)		0	C M	E	,	lune	12 1994
	31. DATE FILED (Month, Day, Year)	P. REGISTRU	IR'S SIM ATURE	11 P	enn	St	reet	B	altimore	. Ma	ryla	and 21201
	JUN 15 1994	Juga dhud	AR'S SIDATURE]

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ITEMS: 23 PART I, 27, 28a-f, PER MEO FILM G-712 6/22/94 t.t

TO THE FUNERAL OIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI	MENT OF H	EALTH AND	MENTAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last)				DE/IIII	2. DATE OF DEATH		3. TIME OF DEATH	
	VICKIE	LENAE		HIPP	ER	JUNE 08	1994	9:20A M	
	4. SOCIAL SECURITY NUMBER	4. SOCIAL SECURITY NUMBER 5. SFX 8. AGE (In use last high-day) 15 (MINER A VEGO 1)							
	457-31-9854 9a. FACILITY NAME (If not institution, give s		31 YRS.	b. CITY, TOWN C	R LOCATION OF D	,		exas	
DIRECTOR	ANNAPOLIS TERR	ACE MOTEL		ANNAP				ARUNDEL	
RE	10a. STATE 10b. COUNTY	f	10c. CITY, 1	OWN OR LOCAT	ION		-	10d. INSIDE CITY LIMITS?	
	Md.		Anr	apolis				1 YES X NO	
FUNERAL	10e. STREET AND NUMBER			10f	ZIP CODE		10g. CITIZEN O	F WHAT COUNTRY?	
NEF	71 Revell Highwa				21401		USA	4	
F	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER II FORCES? 1 YES	U.S. ARMED	13. WAS DEC	ENDENT OF HISPA	NIC ORIGIN? (Specify Yas an, Puarto Rican, etc.)	or No- 14. R/	ACE — American Indian, ack, White, atc.	
BY	3 Widowed 4 X Divorced	IF YES, GIVE WAR OR D	ATES		2 NO Specif			ec//y: white	
	15. DECEDENT'S EDU	CATION	18a. DECEDENT'S US	UAL OCCUPATIO	M	165 KIND OF BUIL	SINESS/INDUSTRY		
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of world life. Do NOT use n	done during mos	t of working	160. KIND OF BUS	SINESS/INDUSTRY		
PL	12	College (1-4 or 5+)	(unkr	iown)				J	
ON	17. FATHER'S NAME (First, Middle, Last)		(3		18. MOTHER'S NA	ME (First, Middle, Maiden	Sumame)	-	
BE C	Emmitt Hippler					Sheppard	,		
	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street a		Route Number, City or Tow	n, Stete, Zip Code)		
2	Emmitt Hippler		P. 0.	1307, (Coldspri	ng, Texas	77331		
	20a, METHOD OF DISPOSITION 1 X Burial 2 Cremation 3 Rame 4 Donation 5 Other (Specify)		PLACE AND DATE OF I			100	cation – city or Buna, Te		
	21. SIGNATURE OF THE NAL SERVICE LIC		ANTOI CONT. C		D ADDRESS OF FA		bolla, 10	2703	
	1 Days	L. Koup	nan	Gary I	. Kaufm	an Funeral . Elkridge		21227	
CERTIFICATION	23. PART I. Enter the diseases or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory errest, about, or heart adure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due to (DR AS A CONSEQUENCE OF): Due to (OR AS A CONSEQUENCE OF): b. Due to (OR AS A CONSEQUENCE OF): Due to (OR AS A CONSEQUENCE OF): Due to (OR AS A CONSEQUENCE OF): Due to (OR AS A CONSEQUENCE OF): Due to (OR AS A CONSEQUENCE OF):								
CERT	resulting in death) LAST	J							
PHYSICIAN: MEDICAL	PART II. Other significant condition DID TOBACCO USE C					PERFOR	IMED?	4b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
AN	25. WAS CASE REFERRED TO MEDICAL	OTTINIDOTE TO	CAUSE OF E						
[일	EXAMINER? 1 V YES 2 NO	HOSPITAL:		THER:	ACE OF DEATH (Ch				
H	27. MANNER OF DEATH	1 Inpatiant 2 ER/Outp	28b. TIME O			a X Other (Specify) B I		OTEL	
	1 Netural 5 Pending	(Month, Day, Year) FOUND 6-8-94	INJUR	y wo			NJOHT OCCURED		
BY	2 Accident Investigation 3 Suicide a XXCould not be	28a. PLACE OF INJURY	- At home, farm, stre	114	2 2 2/1/40	281. LOCATION (Street a	and Number or Burn	of Boude Number	
ETEC	4 Homicide detarmined	building, atc. (Spec	UNKNOWN			City or Town, State) UNKNOWN	TO THE TOTAL OF THE T	arrodio rambos,	
COMPLETED		CIAN: To the best of my knowl R: On the basis of examination						e(s) and manner as stated.	
TO BE C	200. SIGNATURE AND TITLE OF CENTIFIER	Ruad.	no-		O.C.			ED (Month, Day, Year)	
	30. NAME AND ADDRESS OF PERSON WHO ACCOUNTS 31. DATE FILED_(Month, Day, Year)				Balti	more, Man	ryland	21201.	
	JUN 151994	The state of the s	4.00						

609. 12 The C. M. Leaf, The Committee of the Committee of the

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E S S	HE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mous after death. Page 6 may be retained by the hospital or attending physician.	HE FURKALL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 starting the completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 starting the completely filled in by the funeral director.	or within 12 from Safet ocent with the State Dept. Of negating the medical cycle is properly from the medical examiner must be notified at once. ORTANT: If them 28 is marked, or litem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	ENDING PHYSICIAN: Th	IR: After this certificate	is marked, or item

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	BEG NO

		1 - FOR STATE OF REGISTRAR	MARYLAND / DEPAR CERTIF	RTMENT OF HEALTH AND	MENTAL HYGIENE REG. NO.	
		1. DECEDENT'S NAME (First, Middle, Lest) Clara F H	arzarik		2. DATE OF DEATH MONTH June13, 1994	3. TIME OF DEATH
3 should	_	4. SOCIAL SECURITY NUMBER 212-36-0401 9a. FACILITY NAME (If not institution, give street and number)	6. AGE (In yrs. lest birthdey) 77 YRS.	FUNDER 1 YEAR FUNDER 24 HRS. MONTHS DAYS HOURS MIN. 9b. CITY, TOWN OR LOCATION OF D	7. DATE OF BIRTH (Month, Day, Year) Dec. 17, 1916	a. BIRTHPLACE (State or Foreign Country) MAryland UNTY OF DEATH
ςï	RECTOR	365 Stillwater Road		Essex		Baltimore
mit. Pages	ā	Md. Baltimore	10c. C/1	ry, town or location ESSEX		10d. INSIDE CITY LIMITS? 1 YES 2 NO
ransit per	NERAL	365 Stillwater Road		10f. ZIP CODE 212	21	TIZEN OF WHAT COUNTRY? USA
as the burial-transit permit. Pages 1,	D BY FUN	1 Never Married 2 Married FORCES?	NT EVER IN U.S. ARMED 1 ☐ YES 2 [X] NO WAR OR DATES	13. WAS DECENDENT OF HISPA If yea, specify Cuban, Mexico 1 YES 2 NO Specif		14. RACE — American Indian, Black, White, etc. Specify: White
for use	ETE	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 7 th	(Give kind of life. Do NOT u	S USUAL OCCUPATION Work done during most of working se refired.) PMaker	16b. KIND OF BUSINESS/IN	NOUSTRY
5 should be detached notified at once.	E COMPL	17. FATHER'S NAME (First, Middle, Lest) Frank Peterson	Trome		AME (First, Middle, Malden Surname)	
e 5 should notified	TO BI	19a. INFORMANT'S NAME (Type/Print) David Harzarik		ADDRESS (Street and Number or Rural Stillwater Roa	Route Number, City or Town, State, 2	
director, page er must be		20e. METHOD OF DISPOSITION 1 Seurial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	20b. PLACE AND DATE cametary, crematory or d	OF DISPOSITION (Name of	DATE 20c, LOCATION -	City or Town, State
e funeral al. examin	3	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	elly	22. NAME AND ADDRESS OF FA Connelly Fu 300 Mace A	uneral Home ove. Baltimo	of Essex
attending physician and completely filled in by the ntal Hygiene prior to burial, cremation, or removal y, or other traumatic event, the medical is	ERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury	HEA ON ATMENTANCE	caedeel nifu Caediorrae		interval Between Onset and Death
certificate has been signed by the atterning the State Dept. of Health and Mental in or Item 23 shows any Injury, or Item 23 shows any Injury,	IAN: MEDICAL C	PART II. Other aignificant conditions contributing to	deeth but not resulting	in the underlying cause given in	Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
rtificate hand he State De or Item 2	SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO HOSPITAL:	☐ ER/Outpetient 3 ☐ DOA	28. PLACE OF DEATH (Ch		
nis vitt	ву Рну	27. MANNER OF DEATH 28s. DATE O	F INJURY 28b. TIM	4 Nursing Home 5 Residence BE OF 28c. INJURY AT WORK? M 1 YES 2 NO	28d. DESCRIBE HOW INJURY OC	CCURED
after de	ETED E	3 Suicide 28a. PLACE	OF INJURY — At home, farm, a etc. (Specify)	street, factory, office	281. LOCATION (Street and Number City or Town, State)	er or Rural Route Number,
TO THE FUNERAL DIRECT DE filed within 72 hours IMPORTANT: If Item	COMPL	29a. CERTIFIER (Check only one) CERTIFYING PHYSICIAN: To the best of the best	f my knowledge, death occurs	ed at the time, data and place, and due on, in my opinion, death occured at the \$9c. LICENSE NUB	time, deta and place, and due to t	the cause(s) and manner as stated.
TO THE be filed	TO BE	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CALL	SE OF DEATH (ITEM 27) (Type	101061	3 P	TE SIGNED (Month, Day, Year)
		31. DATE FILED (Month, Day, Year) JUN 1 5 1994 June 2	AB'S SIGNATURE			



BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or attending physician,	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should thin the State Dept, of Health and Mental Hygiene prior to bunial, cremation, or removal.	he medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME O						3. TIME OF OEATH							
	HELEN HENDERSON DO 94 OSSC								OSSO AM				
- 1	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last	t birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF B	BTH	Ť	6. BIRTH	IPLACE (State or Foreign
	219-16-434	1 M 2 F	82	YRS.	MONTHS	DAYS	HOURS	MIH.	(Month, Day	9/11	,	Countr	
	9e. FACILITY NAME (If not institution, gi				9b. CITY	. TOWN	OR LOCATIO	ON OF DE			96 COUR	NTY OF D	
۳ ا						4	VAI		SPITAL				MORE
DIRECTOR	Sinai Hospita	1.1.				0.1	-	- 100	-1 (1/30		- 2	77 - 011	7110700
Ä	10e. STATE 10b. COL	NTY		10c. CITY	Y, TOWN C	OR LOCAT	TION						10d. INSIDE CITY
8	Maryland			F	3a1t	imo	re						LIMITS? 1 TYPES 2 NO
A.		nada Nurs	ing Home		/u <u>1.</u> 0	_	ZIP CODE	E .			10g. CITIZ	ZEN OF V	WHAT COUNTRY?
FUNERAL	4017 Liberty He					- 1	21	1207				US	37
3	11. MARITAL STATUS 12. WAS DECEOENT EVER IN U.S. ARI			MEO	13.	WAS DEC	ENDENT O	F HISPAN	IIC ORIGIN? (Sp	ecify Yee or	r No—	14. RACE	- American Indian
	1 Never Merried 2 Merried	FORCES?	NAR OR DATES	10		If yes, sp	ecify Cube	n, Mexice	n, Puerto Ricen,	etc.)		Speci	c, White, etc.
ВУ	3 Wildowed 4 Divorced							Opcomy				Speci	Black
COMPLETED	15. DECEDENT'S I (Specify only highest gi	DUCATION ade completed)	16e. DE	CEOENT'S	USUAL O	CCUPATIO	ON		16b. KINE	OF BUSIN	IESS/IND	USTRY	
<u> </u>	Elementary/Secondery (0-12)	Collega (1-4 or 5	life	Do NOT us	a retired.)	uumig mo	St OF WORKIN	y					
MPI	High School			Don	nesti	.C				Pri	vate	Fan	nily
Ö	17. FATHER'S NAME (First, Middle, Last)						16. MOTH	IER'S NAI	ME (First, Middle	, Maiden Su	rname)		
ш	John Henry Lock	lev					Sı	ısie	Ann Mo	vbo			
TO BI	19e. INFORMANT'S NAME (Type/Print)		191	. MAILING	AOORESS	(Street a			Route Number, Ci		State, Zip	Code)	
ř	Robert Lockley		32	210 Y	osen	nite	Aver	nue	Balti	more	. Ma	rv1a	and 21215
	20e. METHOO OF DISPOSITION 1 X Burlel 2 Cremetion 3 F		20b. PLACE A	NDDATEC	F DISPOS					20c. LOCA			
	4 Donetion 5 Other (Specify)	emoval from State	cemetery, cree	metory or ot Memo	rial	. Pa	rk		6/14	Ba11	timo	re (County, MD
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE			22.	NAME A	D ADORES	SS OF FAC	Nut	ter 1	Fune	ra1	Homes, Inc
	D. 12 LL 4	+ 0	-11		2	2501	Gwyr	ns I	falls P	arkwa	ay		110111007 1110
_	23. PART I. Enter the diseases,	A C.	una	7 7	<u> </u>	Balt.	ımore	, Ma	aryland	212	216		
	shock, or heart failu	re. Liat only one cer	use on each line.	e(n. Do n	ot enter	tne mo	ae or ayı	ng, eucr	n ee cerdiec (or respirat	tory erro	est,	Approximate Intervei Between
	IMMEDIATE CAUSE (Finel disease or condition		Cia 1										Onset and Deeth
	resulting in death)	e. SEP	215	AR	05								
		PAI	EUMO	DUENCE OF	·):								
CERTIFICATION	Sequentielly list conditione,	D-	(OR AS A CONSEC										
A	If eny, leading to immediate cause. Enter UNDERLYING	()·	TT	JOENOL OI	,								
윤	CAUSE (Diseese or injury that initiated events	C. DUE TO	(OR AS A CONSEC	UENCE OF	n:								
E	resulting in death) LAST				,								į l
8		d											
	PART II. Other algnificent conditions	ione contributing to	death but not re	esulting i	n tha un	deriyin	ceuae g	lven in	Part i. 24a.	WAS AN AU		24b.	WERE AUTOPSY FINDINGS
MEDICAL									1,5	PERFORME YES 2			AVAILABLE PRIOR TO COMPLETION OF CAUSE
삘										120 2	, 110		OF OEATH? 1 YES 2 NO
									_				1 1E3 2 NO
₹	25. WAS CASE REFERRED TO MEDICAL	.		_		28, Pt	ACE OF O	EATH (Che	nck only one)				
Sic	EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatient 3	00A	OTHER A Nun	₹:			6 Other (Spe	0(6.1)			
PHYSICIAN	27. MANNER OF DEATH	280. OATE OF	INJURY	28b. TIMI	E OF	28c. INJ	URY AT	- I	28d. OESCRIB		URY OCC	UREO	
	1 Natural 5 Pending	(Month, E	Day, Year)	INJ	M		RK? YES 2	NO					
ВУ	2 Accident Investigation 3 Suicide 6 Could not	28e. PLACE (OF INJURY — At hor	me, ferm, s	treet, fect	ory, offic	•		28f. LOCATION	(Street and	1 Number	or Rural R	Route Number,
Ë	4 Homicide determined		etc. (Specify)						City or Tow	rn, State)			
COMPLETED	29e. CERTIFIER 1 CERTIFYING PH	VEICIAN. To the best of	l mu brandadaa da		4 - 4 - 4 - 4							_	
MP		YSICIAN: To the beet of											e) end menner ee atated.
8			A CHARLEST COLUMN		ii, iii iiiy o	piriion, u	watti occur	en at the	time, date end j	place, end c	dua to the	e ceuse(s) end menner ee atated.
BE	29b. SIGNATURE AND TITLE OF CERTI		- MC	161	ME		29c. LICE	NSE NUM	IBER	2	29d. DATE	SIGNED	(Month, Day, Year)
2	1711	ESIDEN.									P (0 9	1194
- 1	30. NAME AND ADDRESS OF PERSON					C C	^		0:-			MD	712.5
			SINA	11	170	741	THL	- , 13	ALTI	MOX	6	עועו	41415
	JUN 15 1994	32. REGISTRA	AR'S SIGNATURE	L									
	J01/ T 0 1007	0	1										

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BALTIMORE, MARYLAND	. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Jours after death. Page 6 may be retained by the hosp	
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	W.	
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Durs after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Memtal Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

... W. A.

1 - STATE REGISTRAR	STATE OF MA	ARYLAND / DEPA CERTI	RTMENT OF	HEALTH AND	MENTAL HYGIE			
1, DECEDENT'S NAME (First, M	r B. Est	her Jac	Bill Kson	Jackson	2. DATE OF DEATH	9-9-94	3. TIME OF DEATH	
4. SOCIAL SECURITY NUMBER 216 46 291	3 1□M2戻F	9.5 YRS.	MONTHS DAY	S HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Marylan	10-5 d1898	BIRTHPLACE (State or Foreign Country) Mary Land 10-5-1898	
99. FACILITY NAME (If not institute to the state of the s	ealth Care	Center	C-a	Hersh	urg	M 8		
Maryland	Ob. COUNTY	10e. C	Gaithe	ersburg			10d. INSIDE CITY LIMITS? 1 YES 2 NO	
Wilson Hea	301 Russel 1th Care Ce	l Avenue nter		101. ZIP CODE 2	0877	10g. CITIZEN	OF WHAT COUNTRY?	
3 X Widowed 4 Divorce	erried FORCES? 1	EVER IN U.S. ARMED YES 2 NO R OR DATES O	If yes	DECENDENT OF HISPA , specify Cuban, Mexico YES 2 NO Specific		fee or No- 14.	RACE American Indian, Black, White, etc. Specify: White	
Specify only h Elementary/Secondary (0-12 1 2 + 3 17. FATHER'S NAME (First, Midde	ENT'S EDUCATION (ghest grade completed) 2) College (1-4 or 8+)	(Give kind o	rs usual occup of work done during use retired.)	Teacher		st Vir		
17. FATHER'S NAME (First, Middle Frank Bil				18. MOTHER'S NA	Wagner			
O INFOHMANT'S NAME (Type	19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)							
20s. METHOD OF DISPOSITION	Mary Hall 24011 OldHundredRd, Dickerson, MD 208 20s. METHOD OF DISPOSITION 1 Burlet 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place) DATE 20c. LOCATION — City or Town, State							
21 MEMATURE OF FUNERAL S	reade in the in the second section	d Wade,D	ir	5W.Balti	State moreSt,I	Anato	omy Board MD21201	
23. PART I. Enter the dise shock, or has IMMEDIATE CAUSE (Final disease or condition resulting in death)	s. CCC DUE TO (C	on each line.		mode of dying, suc		piratory arrest	Approximats Interval Between Onset and Death 4 years	
If sny, iseding to immedia cause. Enter UNDERLYING CAUSE (Disease or Injury	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury							
that initiated events resulting in death) LAST	d	OR AS A CONSEQUENCE	OF):					
	PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO							
	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Inpatient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Rasidence 6 Other (Specify)							
25. WAS CASE REFERRED TO I		ER/Outpatient 3 DOA				ed. DESCRIBE HOW INJURY OCCURED		
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	1 Inpatient 2	JURY 28b, T	NJURY	INJURY AT WORK? YES 2 NO	28d. DESCRIBE HOV		EO	
Accident inv	1 Inputient 2 28e. DATE OF II (Month, Day entigation	NJURY 28b, T	M 1	WORK? YES 2 NO	281. LOCATION (Street City or Town, Sta	et and Number or I		
Accident Invited Accident Ac	1 Inpatient 2 28e. DATE OF II (Month, Day restigation 28e. PLACE OF building, et	NJURY 28b. T	n, street, factory, c	WORK? VES 2 NO Iffice	281. LOCATION (Street, City or Town, Sta	et end Number or f	Rural Route Number,	

1 Natural 2 Accident	8 Pending investigation	(Month, Day, Year)	INJURY M	WORK?	284, DESCRIBE HOW INJURY OCCURED	
3 Suicide 4 Homicide	8 Could not be determined	28e. PLACE OF INJURY — At he building, etc. (Specify)	ome, farm, street, fac	281. LOCATION (Street end Number or Rural Route Number, City or Town, State)		
. CERTIFIER	CERTIFYING PHYSICIA	N: To the heat of my knowledge of	anth account of the	flore data and alone and du	TWO STATES OF THE STATES	•

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MOORE Jr. 207 Brooke ame PEGISTERAT'S PIGNATURE HOLL

DHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cartificate be executed within after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after cleath with the State Dept. of Heatth and Mental Hyginen prior to burial, cremation, or remotal. MINORTANT: If them 28 is marked, or them 28 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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	1 - FOR STATE OF MARYLAND / DEPAR REGISTRAR CERTIFI	TMENT OF H	EALTH AND I	MENTAL HYGIENE REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH		3. TIME OF DEATH		
	Robert Joseph Jone	es.		June 07	1994	2335 M		
	4. SOCIAL SECURITY NUMBER 202-50-0156 S. SEX X M 2 □ F 6. AGE (in yrs. last birthday) X M M 2 □ F 37 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	Sept. 29,19	8. BIRTH	PLACE (State or Foreign		
	9a. FACILITY NAME (If not institution, give street and number)	9b. CITY, TOWN O	R LOCATION OF DE		COUNTY OF DI	EATH		
DIRECTOR	519 S. Durham Street	Balti	more					
IRE(Y, TOWN OR LOCATI				10d, INSIDE CITY LIMITS?		
	Md. Ba	alto. Ci				YES 2 NO		
FUNERAL	1809 Eastern Ave.	10f.	21231	109	g. CITIZEN OF W			
S	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED		NDENT OF HISPAN	IC ORIGIN? (Specify Yas or N	10- 14. RACE	— American Indian.		
В	X Never Married 2 Married FORCES? 1 YES 2X NO IF YES, GIVE WAR OR DATES		cify Cuban, Maxicar 2 NO Specify	, Puarlo Rican, atc.)	Black	, Whita, atc.		
ED		USUAL OCCUPATION		16b. KIND OF BUSINES	SS/INDUSTRY			
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+) Painte	e retired.) e r	or working	Self-E	mployed	1		
Ö	17. FATHER'S NAME (First, Middle, Last)		18. MOTHER'S NAI	AE (First, Middle, Maiden Sum	ame)			
BE (Robert J. Jones			ica Theresa		on		
5				oute Number, City or Town, Str				
				on Pa. 17356	ON — City or To	- 0		
	20a. METHOO OF DISPOSITION 1	ther plece)		1	sville	1110.2		
	21. SIGNATURE OF FUNERIAL SERGICE LICENSEE		D ADDRESS OF FAC		DVIIIC	114		
	► Deu P that	Char1t	on F.H.	2007 Easter	n Ave.	21231		
N	23. PART I. Enter the diseases, or complications that caused the death. Do n shock, or heart feiture. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) S. Acquired Jrmm DUE 19 (OR AS A CONSEQUENCE OF			•		Approximate Interval Batween Onset and Death		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated avants resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d							
PHYSICIAN: MEDICAL	PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 1							
Ä	DID TOBACCO USE CONTRIBUTE TO CAUSE OF	DEATH YE	S NO					
ic.	25. WAS CASE REFERREO TO MEDICAL EXAMINER? 1 \$\frac{7}{2}\$ YES 2 \$\square\$ NO	OTHER:	ACE OF OEATH (Che					
HYS	27. MANNER OF GEATH 28a. DATE OF INJURY 28b. TIME		RY AT	8 Other (Specify) 28d. DESCRIBE HOW INJUR	RY OCCUREO			
ВУР	1 Netural 5 Pending (Month, Day, Year) INJU 2 Accident Investigation	M t Y	ES 2 NO					
	3 Suicide 4 Homicide 28e. PLACE OF INJURY — At home, farm, street, factory, offica building, atc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, offica City or Town, State)					oute Number,		
3 Suicide 4 Homicide 5 Could not be detarmined 29s. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner as attend.						and manner as stated.		
	29b. SIGNATURE AND TITLE OF CERTIFIER		29c. LICENSE NUM			(Month, Day, Year)		
TO BE	Dennis J. Chuto mo		0.C.		June			
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type,							
	31. DATE FILED (Month, Day, Year) 32. WEGISTRAB'S SIGNATURE JUN 1 5 1994 June Devideon Rendam	enn Str	eet, B	altimore,	Maryla	and 21201		
	To 1934 January Mayor							

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BALTIMORE, MARYLAND 21215-0020	ours after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should in the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Jours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fibe within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.

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	1. DECEDENT'S NAME (First, Middle, Las Regina MA	K P. L- 1 IV 4	ii K	ARIE	KIIK			2. DATE MONT	2. DATE OF DEATH DAG - 8 - 9 4 MINISTRA STATE OF THE STAT		3. TIME OF DEATH 4 .13 5 A		
	4. SOCIAL SECURITY NUMBER	5. SEX		s. lest birthday)					OF BIRTH		B. BIRTH	IPLACE (State or Foreign	
	21844696	4 1 □ M 2 ★ F	5	0 YRS.	MONTHS DA	/8 HOURS	MIN.		8-44	1		yland	
.	9a. FACILITY NAME (If not institution, give				9b. CITY, TO	VN OR LOCATI	ION OF DE	EATH		9c. COUNT	TY OF D	EATH	
	Cardinal Shehan Center Towson Balto										County		
	10a. STATE 10b. COUN	NTY		10c. Cl	TY, TOWN OR LO	CATION				7.313		10d. INSIDE CITY	
	Maryland Ba	ltimore	Co		Towso	n						1 YES 2 NO	
	10e. STREET AND NUMBER					10f. ZIP COD	E			10g. CITIZI	EN OF Y	VHAT COUNTRY?	
	CardinalSheh	_				2120					SA		
	11. MARITAL STATUS 1 Never Married 2 Married		YES 2	□ NO	13. WAS	DECENDENT C	OF HISPAN en, Maxica	VIC ORIGIN	I? (Specify Yes Rican, etc.)	s or No— 1	14. RACE — American Indian, Black, White, atc.		
	3 Widowed 4XXDivorced	N O	MAR OR DATES	3	1 🗆	YES 2 NO	Specify	y:				Specify: White	
	15. DECEDENT'S EL	DUCATION	164	. DECEDENT	S USUAL OCCUP	ATION		168	KIND OF BU	SINESS/INDU	_	WILLEE	
	(Specify only highest gra Elementary/Secondary (0-12)	College (1-4 or 5	+)	life. Do NOT	work done during use retired.)	most of world	ng	211					
	12		I	Execu	tive S	ecre	tary	7					
	17. FATHER'S NAME (First, Middle, Last)					18. MOT	HER'S NA	ME (First,	Middle, Malden	Surname)			
ı	George Gordon	n Kirby				_			Rot				
	198. INFORMANT'S NAME (Type/Print) William Kirby			13247 4000	G ADDRESS (Str								
F	200. METHOD OF DISPOSITION		1		1 Alst		oad,			$\frac{1D}{\text{CATION}} = 0$			
	1 Burial 2 Cremation 3 Re 1 Donation 5 Other (Specify)	moval from State		y, crematory or		4 (warne or		DAI	200. LU	CATION — C	ity or io	wn, state	
	23. ART I. Enter the diseases, o shock, or heert fellun disease or condition resulting in death)	or complications the	at caused the	e death. Do line.	65.	mode of dy	lting, auc	nore	St, I	Balto Iratory arre	, MD		
	23. PART I. Enter the diseases, o shock, or heart fellun immediate cause or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST	a. DUE TO DUE TO DUE TO DUE TO d.	at caused thuse on each O (OR AS A CO) O (OR AS A CO)	e death. Do iine. NSEOUENCE (65 control enter the	PR	Itin	nore has care	St, I	Now!	, MD	Approximata interval Betwo Onset and De 3 mos	
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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the month of the final process. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

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	REGISTRAR		C	ERTIFIC	CATE O	F DEATH	REG.	NO.			
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEAT		YEAR	3. TIME OF DEATH	
	LEO JOSE	K	ING ,	SR.		June			11:50P		
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. les		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	1	1994 6. BIRTH	IPLACE (State or Foreign	
	212-05-7876	1 M 2 F	81	YRS.	IONTHS DAYS		(Month, Day, Yes) 2/11/	L3	Mar	vland	
DIRECTOR	Cromwell Meridia	9a. FACILITY NAME (If not institution, give street and number) Cromwell Meridian					EATH		onty of b Saltin		
ច្ឆ	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY			140. 00774							
<u>E</u>				121000	TOWN OR LO	ATION				10d. INSIDE CITY LIMITS?	
	Maryland Balti	imore		10	wson					1 YES 2 X NO	
FUNERAL	1604 Hardwick Road	E		10f. ZIP CODE 21286			10g. CI	10g. CITIZEN OF WHAT COUNTRY? USA			
ا ج		12. WAS DECEDENT EV			13. WAS D	ECENDENT OF HISPAI	NIC ORIGIN? (Specif	y Yes or No-	14. RACE	— American Indian, k, White, etc.	
ĭ B	1 Never Married 2 A Married 3 Widowed 4 Divorced	FORCES? 150 IF YES, GIVE WAR (OR DATES	NO		specify Cuban, Maxica ES 2 X NO Specif		-)	Speci		
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade c	ATION	16a. DE	CEOENT'S U	SUAL OCCUPA rk done during	TION most of working	16b. KIND OI	BUSINESS/II	IDUSTRY		
	8th Grade	College (1-4 or 5+)			Maker		C	othin	a		
ố l	17. FATHER'S NAME (First, Middle, Last)					16. MOTHER'S NA	ME (First, Middle, Ma				
	George King					Rose	Miller				
BE	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING A	DDRESS (Street	et and Number or Rural		Town, State, 2	Zip Code)		
임	Robert N. Glackin					op Road				21030	
	20e. METHOD OF DISPOSITION		20b. PLACE	AND DATEOF	DISPOSITION			LOCATION -			
	15 Burlel 2 ☐ Cremation 3 ☐ Remove 4 ☐ Donation 5 ☐ Other (Specify)	ral from State	cemetery, cre	matory or other	er place) iem. Pa		/15/94 F				
- 1	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE	TIOLC	edila i		AND ADDRESS OF FA		тттеп	rate,	עויז	
	·2/12/1					son Funera Loch Raye				ID 21286	
CERTIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Due to (or as a consequence of): Due to (or as a consequence of): b. Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of):										
	PART ii. Other significant conditiona	pontributing to det	ath but not		ab d . d .		201				
MEDICAL	TATO II. Other arginizant conditions	Sement		esuiting in	the underly	ing ceuse given in	PE	S AN AUTOPSY REORMED? ES 2 NO	246.	. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
-	DID TOBACCO USE CO	ONTRIBUTE TO	O CAUS	E OF	DEATH	YES NO					
<u> </u>	25. WAS CASE REFERRED TO MEDICAL				28.	PLACE OF DEATH (Ch	eck only one)				
5		HOSPITAL: 1 Inpatient 2 ER	/Outpatient 3		OTHER:	ome 5 🗆 Residence	8 Other (Specify				
PHYSICIAN: ME	27. MANNER OF DEATH 1 A Netural 5 Pending	26a. DATE OF INJU (Month, Day, Ye		28b. TIME INJU	OF 28c.	NJURY AT WORK?			W INJURY OCCUREO		
ED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	JURY — At ho (Specify)	t home, farm, atraet, factory, office 28t,				281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC 2 MEDICAL EXAMINER									i) and menner ee stated.	
BE	29b. SIGNATURE AND TITLE OF CERTIFIER					29c. LICENSE NUI	MBER	29d. DA	TE SIGNED	(Month, Day, Year)	
	11 Gran Kon	selenti	M			1 12102	22	•	6-1	3-14	
2	30. NAME AND ADDRESS OF PERSON WHO N - LO WALEUS ICI	- /			n	UN MI			<u></u>	- //	
	31. DATE FILEO (Month, Day, Year) IUN 15 1994	39. REGISTRAR'S			1 24	110 1011	0,019				
	PECI OT MAL	17	1								

use as the burial-transit permit. Pages 1, 2, 3 should the hospital or attending physician. 10 be detached Page 6 may be retained by 5 should page be director. examiner funeral after death. the oval. marthe death certificate be executed with

BALTIMORE, MARYLAND 21215-0020

OR S, P.O. BOX 68760

DIVISION OF VI

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MARYDRIAN

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

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WSIDAM Th	is certifige 5	off the SR	ad, or Item
PHYSICIAN The	I this certifiate 9	It with the SA	arked, or Item
NG PHYSICIAN The	ther this certifiate b	eath with the ST	marked, or Item
NDING PHYSICIAN The	. After this certifige 9	r death with the Shi	is marked, or item
TENDING PHYSICIAN The	OR. After this certify ge 9	far death with the ST	8 is marked, or Hem
ATTENDING PHYSICIAN Th	CTOR: After this certifice to	s after death with the SR	28 is marked, or Item
OR ATTENDING PHYSICIAN TH	IRECTOR: After this certifice to	ours after death with the 55%	em 28 is marked, or Item
L OR ATTENDING PHYSICIAN The	L DIRECTOR: After this certificate to	hours after death with the Share	item 28 is marked, or item
ITAL OR ATTENDING PHYSICIAN The	RAL DIRECTOR, After this certifility in	72 hours after death with the Share	It flem 28 is marked, or Item
SPITAL OR ATTENDING PHYSICIAN The	NERAL DIRECTOR, After this certifile it	hin 72 hours after death with the 55%	NT: It item 26 is marked, or item
HOSPITAL OR ATTENDING PHYSICIAN TH	FUNERAL DIRECTOR, After this certifice it	within 72 hours after death with the 55%	IANT: It item 28 is marked, or item
1E HOSPITAL OR ATTENDING PHYSICIAN Th	IE FUNERAL DIRECTOR, After this certifice to	od within 72 hours after death with the 57%	DRTANT: It item 26 is marked, or item
THE HOSPITAL OR ATTENDING PHYSICIAN TH	THE FUNERAL DIRECTOR, After this certifice it	filed within 72 hours are death with the 57%	PORTANT: It item 28 is marked, or item
TO THE HOSPITAL OR ATTENDING PRESIDENT THE COURT INSTANTAL DESTRETABLE DESTRUCTED BY EXECUTED WITHIN THE PROJECT AT	TO THE FUNERAL DIRECTOR, After this certificate it	be filed within 72 hours after death with the 63%	IMPORTANT: It item 28 is marked, or item 23 move, any injury, or other traumatic event, the medic

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1, DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH YEAR DOUGLAS LOGAN 3:41P 94 JUNE 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER t YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (State or Foreign DAYS 1 X M 2 - F 212-30-0695 62 10/14/32 Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR BALTIMORE CITY 201 N. BROAD BROADWAY 10a STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore City 1 YES 2 NO FUNERAL 101 ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1325 East Fayette Street Apt.40 21231 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 XNO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or NoIf yea, specify Cuban, Maxican, Puerto Rican, atc.)
1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married Specify: Black BY 3 Widowed 4 Divorced COMPLETED 15. DECEOENT'S EDUCATION tee. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INOUSTRY (Specify only highest Elementary/Secondary (0-12) College (1-4 or 5+) 5 Non-Profit Organ. Warehouseman 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) notified at Unknown Unknown B 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 0 Sheila Logan-Hamm Elmora Ave. Balto. MD 21213 20e. METHOD OF DISPOSITION
1 Burlal 2 Cremation 3 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE must 6/15/94 4 ☐ Donation 5 ☐ Other (Specify) Cremetory 0/1)
22. NAME AND ADDRESS OF FACILITY MAtro MD Baltimore. 21. SIGNATURE FUNERAL SERVICE LICENSEE Unity Funeral Home 108 W. North Ave. Balto, MD 21201 23. PART I. Enter the diseases, or complications that seused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate ahock, or heart failure. List only one cause on each line. **IMMEDIATE CAUSE (Final** Onaat and Daath disease or condition softenos cuernos a como ovas unha DIJENSE reaulting in death) DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequantially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): cause. Entar UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated evanta resulting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED? 1 TYES 2 TENO 1 YES 2 NO JUVEUN PHYSICIAN: DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpetient 3 | DOA OTHER: 1 XYES 2 NO 4 - Nursing Home 5 TResidence 6 - Other (Specify) 27. MANNER OF DEATH 26a. OATE OF INJURY (Month, Day, Year) 26c. INJURY AT 26d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 3 Suicide 26s. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 4 Homicide detarmined 29a CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. MATURE AND TITLE OF **CERTIFIER** 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE JUNE 11/94

O.C.M.E.

. La Reput 111 Penn Street, Baltimore, Maryland 21201

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within an analysis of the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.
1. DECEDENT'S NAME (First, Middle, Last)		2. DATE OF DEATH MONTH DAY

1 - STATE REGISTRAR	OIME OF MA	KYLANU / DEPA CERTIF		OF DEATH		G. NO.				
1. DECEDENT'S NAME (First, Middle	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH									
ROBERT G.	ROBERT G. MORRIS JUNE 11 94 5:56P									
4. SOCIAL SECURITY NUMBER	110111120			YEAR IF UNDER 24 HRS	7. DATE OF BU	BTH	A BIRT	NPLACE (State or Forei	lan	
218-30-1836	1 🔀 M 2 🗆 F	38 YRS.	MONTHS	DAYS HOURS MIN	(Month, Day,	6,193	Coun	itry)		
9a. FACILITY NAME (If not institution	give street and number)		9b. CITY, T	OWN OR LOCATION OF			DUNTY OF	ryland		
THE SIDENCE OF DECEDE 10e. STATE 10b. 0	1024 EAST NORTH AVENUE BALTIMORE CITY N/A									
10e. STATE 10b. (OUNTY	10c. CI	TY, TOWN OR	LOCATION				10d, INSIDE CITY		
₩D	N/A		NBalt	imore				LIMITS?		
			THEAT	10f. ZIP CODE		100.0	ITIZEN OF	WHAT COUNTRY?	_	
100. STREET AND NUMBER 1024 E. North 11. Marital Status 11. Never Married 2. Married				21202			U.S.			
3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 IF YES, GIVE WAR	YES 2 X NO	If y	AS DECENDENT OF HIS yes, specify Cuben, Mea YES 2 NO Specify NO Specific NO S	dcan, Puarto Rican,	ecify Yes or No- atc.)	fes or No— 14. RACE — American Indian, Black, White, atc. Specify: Black			
15. DECEDENT	S EDUCATION	18a. DECEDENT	S USUAL OCC	UPATION	16b. KIND	OF BUSINESS/	INDUSTRY	DIGCK		
(Specify only highes	College (1-4 or 5+)	(Give kind of	work done du use retired.)	ring most of working						
15. DECEDENT (Specify only highest December 1997) Elementary/Secondary (0-12) 10th 17. FATHER'S NAME (First, Middle, L	N/A	Fore	man			N/A				
17. FATHER'S NAME (First, Middle, L.	est)			18. MOTHER'S	NAME (First, Middle,		·)			
George Morri	s			Mary	Eason		,			
	")	19b. MAILIN	G ADDRESS (Street and Number or Ru	ral Route Number, Cit	y or Town, State,	Zip Code)		-	
Mary Windam		1038	N. St	ricker St	./Baltim	ore, MI	212	17		
20g. METNOD OF DISPOSITION		20b. PLACE AND DATE	OF DISPOSIT	ION (Name of	-	20c. LOCATION				
1 Buriel 2 Cremetion 3 C 4 Donation 5 Other (Specif		VOSHELL	other MEN	ORIAL G	ARDENS		ALK.			
21. SIGNATURE OF FUNERAL SERV	ICE LICENSEE		22. N/	ME AND ADDRESS OF					_	
Karen	m	1000		ch F.H. E	_					
23. PART I. Enter the disease	"" "	2		l E. Nort				D 21202		
Sequantielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	Sequantielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
PART II. Other eignificant con	ditions contributing to de	eth but not resuiting	in the unde	eriying ceuse given		WAS AN AUTOPS PERFORMED? YES 2 NO	Y 24	b. WERE AUTOPSY FIND AVAILABLE PRIOR TO COMPLETION DF CAU OF DEATN?	JSE	
DID TOBACCO U	SE CONTRIBUTE	O CAUSE OF	DEATH	YES I N	0					
25. WAS CASE REFERRED TO MEDI				26. PLACE OF DEATN						
EXAMINER? XX YES 2 \(\text{NO}\)	HOSPITAL:	R/Outpetient 3 DOA	OTHER:							
XX YES 2 NO 1 Inpettent 2 ER/Outpattent 3 DOA 4 Nursing Nome 5 X Residence 8 Other (Spe 27. MANNER OF DEATN 28e. DATE OF INJURY 28b. TIME OF 28c. INJURY AT 28d. DESCRIB							OCCURED		_	
Natural 5 Pendin Investig	ation	Year) IN	INJURY WORK? 1 YES 2 NO			200. DEPONDE NON INCOME OCCUPANT				
	building, atc	NJURY — At home, farm, . (Specify)	street, tector	y, offica		281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
	PHYSICIAN: To the best of my AMINER: On the basic of exem							(s) and manner as stat	ed.	
29N. SUSMATORIE AND TITLE OF CE	RTIFIER	0		29c. LICENSE I	NUMBER	29d. D	ATE SIGNE	D (Month, Day, Year)		
	N / OR	hel	W	0.0	.M.E.	•	JUN	E 12/9	4	
30. NAME AND ADDRESS OF PERS	ON WHO COMPLETED CAUSE			reet, Ba	ltimore	. Mar	vlan	d 21201		
31. DATE FILED (MOVIN Day Year)	OA SE ARGUSTINATE	SIGNATURE		zoci, Ba	T C THOTE	, Hal) Tall	21201		
3011 1 3 13	July June De	14601-Andelle								

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DIVISION OF	
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		1 - STATE STATE OF MARYLAND / DEPARTME CERTIFICAL	NT OF HEALTH AND ME TE OF DEATH	NTAL HYGIENE REG. NO.						
		1. DECEDENT'S NAME (First, Middle, Last) LESTER MOORF		DATE OF DEATH MONTH DAY D6 - /2- 9L	3. TIME OF DEATH					
nit. Pages 1, 2, 3 should			DER 1 YEAR IF UNDER 24 HRS. 7.	DATE OF BIRTH	BIRTHPLACE (State or Foreign Country). CAROLINA					
	_	9s. FACILITY NAME (If not institution, give street and number) 9b. C	ITY, TOWN OR LOCATION OF DEATH	9c. COUNTY	OF DEATH					
	стов	HESIDENCE OF DECEDENT	3ACTIMORY	E BAL	TIMORE					
		MARYLAND n/a B	ALTIMORE		10d. INSIDE CITY LIMITS? X YES 2 NO					
n. ansit permit.	FUNERAL	3015 LA RUE SQUARE	21225	UNITE	D STATES					
215-0020 attending physician. ise as the bunal-transit	BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	13. WAS DECENDENT OF HISPANIC Of If yes, specify Cuben, Maxican, P. 1 YES 2 MO Specify:	ORIGIN? (Specify Yes or No — 14. uarto Rican, etc.)	RACE — American Indian, Black, White, atc. Specify: BLACK					
D 27	COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementery/Secondary (0-12) \[\begin{array}{ll} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ne during most of working d.)	G A F CON	IPANY					
8 8 6 E	w l	17. FATHER'S NAME (First, Middle, Last) LOUIS E. MOORE	16. MOTHER'S NAME	(First, Middle, Maiden Surname) JOYNER						
MA e retain 5 sho	TO B	190. INFORMANT'S NAME (Type/Print) LOUIS MOORE 190. MAILING ADDR 3015	ESS (Street and Number or Rural Route LARUE SQUA	RE, BALTIMOF	(E, MD21225					
I IMORE, . Page 6 may be ral director, page		20a. METNOD OF DISPOSITION 1 Surial 2 Cremalion 3 Removal from Stata 4 Donalion 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION Stata		LANSDOV						
death fune		21. SIGNATURE OF FUNERAL SERVICE LICENSEE	WM. C. MARCH		. NORTH AVE					
ely filled in by nation, or remo		23. PART I. Enter the diseases, or complications that caused the death. Bo not an ahock, or hasnt failure. List only one cause on asch line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO JOR AS A CONSEQUENCE OF:	ler the mode of dying, such as	a cardiac or reapiretory arrest	Approximata Intervsi Between Onset and Death					
OX 68/60 by the executed with sician and complet indo to burial, crenter traumatic event	NOIT	Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSCOUENCE OF): DUE TO (OR AS A CONSCOUENCE OF):								
certificate oding phys Hygiene p	RTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST								
9 € ≥ =	AL CE	PART II. Other significant conditions contributing to death but not resulting in the	underlying cause given in Par	t I. 24s. WAS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS					
reconices that equires that en signed by of Health an	MEDIC			PERFORMED? 1 YES 2 NO	AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO					
N: The law icate has be State Dept.	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTH								
PHYSICIAN: The this certificate with the State rked, or item	PHYS	27. MANNER OF DEATN 28s. DATE OF INJURY (Month, Day, Year) INJURY	WORK?	Other (Specify) d. DESCRIBE NOW INJURY OCCUR	DED .					
OR ATTENDING PHYS OR ATTENDING PHYS DIRECTOR: After this of the safter death with	ETED BY	2 Accident Investigation 2 Accident Investigation 2 Accident Investigation 2 Accident	1 123 2 NO	II. LOCATION (Street and Number or City or Town, State)	Rural Route Number,					
2 3 Z =	COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the company of the best of axamination and/or investigation, in m			Buse(S) and manner as stated					
THE HOSPITAL THE FUNERAL filed within 72 PORTANT: II	BE CO	296. SECHATURE AND TITLE OF CENTIFIER	29c. LICENSE NUMBER		IGNED (Month, Day, Year)					
222	0	30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	0 36A124	41017 100	-12-14					
4			VER ST BAL	TALDRE MA	2/225					
		31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE Fulia Steviden Rendom			DHMH-18 Rev 1/89					

DIVISION OF VITAL RECORDS, P.O. BOX 68/09, BALLIMORE, MARYLAND 21215-0020
TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR		STATE OF I	MARYLAN	ID / DEPAI CERTIF						YGIEN	_		
- 5	1. DECEDENT'S NAME (First	, Middle, Last)								2. DATE OF				3. TIME OF DEATH
	Rober	rt	Ja	dson		Mas	on			June	7,	1994	YEAR	10:25 pm
1 3	4. SOCIAL SECURITY NUMBER 380-28-4001		5. SEX 1 X M 2 □ F	6. AGE (In y	rs. lest birthday)	IF UNDER	DAYS	IF UNDE	R 24 HRS.	7. DATE OF 2 Month 0	BIRTH	03	6. BIRTH	PLACE (State or Foreign
	9a. FACILITY NAME (If not in		treat and number			01 OTT		2010045	ION OF DE		1,7			
CC	BROADMEAD	ondion, give a	area and numbery			90. CH							NTY OF D	
5	RESIDENCE OF DEC	CEDENT					Coc	keys	vill	e 		B	altir	nore
l m	10a. STATE	10b. COUNT	Y		10c. CIT	Y, TOWN	OR LOCA	TION					\neg	10d, INSIDE CITY
DIRECTOR	Maryland		Baltimo:	re		Co		svi1						LIMITS?
N.	10e. STREET AND NUMBER	DIO	admead				10	f. ZIP COD	Æ			10g. CIT	IZEN OF W	VHAT COUNTRY?
買	13801 York	Road						21	030				US	SA
FUNERAL	11. MARITAL STATUS	ARCTO V	12. WAS DECEDED	T EVER IN U.S	S. ARMED	13.	WAS DEC	ENDENT	OF HISPAN	IIC ORIGIN? (S	pecify Yes	or No-	14. RACE	— American Indian, c, White, etc.
ВУ	1 Never Married 2 3 Divo		FORCES?	AR OR DATE	S		1 TYES	2X NO	Specify	n, Puento Hica /:	n, etc.)		Speci	
			42-45											White
E	15. DEC (Specify only	EDENT'S EDU y highest grade	CATION completed)	16	a. DECEDENT'S (Give kind of	work done	during mo	ON ost of worki	ina	16b. KJI	ND OF BUS	SINESS/INC	DUSTRY	
191	Elementary/Secondary (0)-12)	College (1-4 or 5	+)	life. Do NOT u	se retired.)	1707			- 1				
₩ P														
COMPLETED	17. FATHER'S NAME (First, M							18. MOT	HER'S NA	ME (First, Midd	le, Maiden	Sumame)		
BE (Robert	Willia	am	Mason					Bel.	1e]	Free!	land
	19a. INFORMANT'S NAME (7	ype/Print)			196. MAILING	ADDRES	S (Street a	and Numbe	r or Runal I	Route Number,	City or Tow	n, State, Zic	Code)	
2	Susan M	ason	Lenane		972	На	sti	ngs	Mil	1Dr, (Glen	A11e	en, V	A 23060
	20a. METHOD OF DISPOSIT			20b. PL	ACE AND DATE					DATE		CATION —		
	1 Burial 2 Cremation 4 Donation 5 Other		oval from State	cemeter	ry, crematory or o	ther placa)				1				,
1 1	21. SIGNATURE OF FUNERA	L SERVICE LIC	EMBEE DOON	1d 1J	ado D	w 22.	NAME A	ND ADDRE	SS OF FA	CHUTY C.4		A		D 1
1 1		.//	// Wolle	ira wa	aue, D.					0 (y Board
1	Janilla	1///	MILL	2						moreS	-		-	21201
	23. PART I. Enter the di	isesses, or	complications the	t caused th	e death. Do	not entar	the mo	de of dy	ing, suci	h as cardlac	or reapl	ratory an	rest,	Approximata
1 1	IMMEDIATE CAUSE (Fin		List only one car	ise on each	ilina.			0			,			Onset and Death
	disease or condition	- N	450	if A	Time	1	1	M	011	mor	111	1		Silver and South
1	resulting in death)		S. DUE TO	OR AS A CO	NSEQUENCE O	Fi:		// (7-07				
ا ہا		_												
CERTIFICATION	Sequentially list conditi		bDUE TO	(OR AS A CO	NSEQUENCE O	FI:								
M	If any, leading to immed cause. Enter UNDERLYI			(-,, ,,,, ,, ,,,										
[윤]	CAUSE (Disesse or Inju		c	(OR AS A CO	NSEOUENCE O	E)·								
ΙĒΙ	that initiated events resulting in death) LAS	т 📗				,								j 3
崽			d											-
ا بِ ا	PART II. Other significa	nt condition	s contributing to	death but r	not reaulting	In the ur	nderlying	g cause	given in	Part I. 24	. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS
2	AODM	te	JO2 77	- 7	T 141	7		on	lan.	tia	PERFOR			AMAILABLE PRIOR TO COMPLETION OF CAUSE
MEDIC/	AAA	0	7	1			() Sec.				YES 2	∐ NO		OF DEATH?
	11111	-								-				t 🗆 YES 2 🗆 NO
SICIAN:	25. WAS CASE REFERRED TO	0.44501041												
ᅙ	EXAMINER?	O MEDICAL	HOSPITAL:			OTHE		ACE OF D	DEATH (Che	eck only one)				
YS	t YES 2 NO		1 inpatient 2	ER/Outpetle	nt 3 🗆 DOA			e 5 □ R	esidence	6 Other (Sp	oecify)			
РНҮ	27. MANNER OF DEATH		26a. DATE OF (Month, E		26b. TIM	E OF	28c. INJ WO	URY AT		28d. DEŞCRI	BE HOW I	NJURY OC	CURED	
B		Pending Investigation				М		YES 2	NO					
	3 Suicide 6	Could not be	26s. PLACE C	etc. (Specify)	At home, farm,	street, fact	lory, offic	•		281. LOCATIO	N (Street a	ind Number	or Rural R	oute Number,
ETE	4 Homicide	determined		- a (-poury)						Uny of R	mii, statė)			
ا يّا ا	29a. CERTIFIER	IFYING PHYSI	CIAN: To the best of	my knowledge	e death occur	nd at the s	ime dat-	and alass	and Ar-	to the series for) and -			
COMPL) and manner as stated.
8					_ si mireengen	, 1119	eperriori, C				piece, an	a drue to th	CBUSO(0)) and manner 26 stated.
B	296. SHORKTURE AND TITLE	A LAC	Cu					29c. LIC	ENSE NUN	IBER	,	29d. DAT	E SIGNED	(Month, Day, Year)
20	70000	ewr	/				- 4	10	da	60		1	5/8	144
	30. NAME AND ADDRISE OF	F PERSON WH	O COMPLETED CAU	SE OF DEATH	(ITEM 27) (Type	Print)	1		-		0		,	

Maria distribution Randall

31. DATE FIRED (Month)

2014. 15

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ND 2	A. C. Land
MARYLAND 2121	Daniel C. man has and allered her she handled as the allered
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BALTIMORE	Daniel C
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within burs after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	1 - FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF H		MENTAL HYGIEN			
	Raymond C	Raymond C	harles	Morga	n,Jr		-10-		3. TIME OF DEATN
	4. SOCIAL SECURITY NUMBER 300-05-4379 98. FACILITY NAME (If not institution, give stre	1 1 M 2 F	72 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 6-18-21		Country	ryland
TOR	Arundel Genera			Annap	olis	EATH	9c. COUNT Anne		undel Co
DIRECTOR		Arundel (, town or locat Annapol					10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	10e. STREET AND NUMBER 202 Woods Dri		<u> </u>	10f	2140	3		USA	HAT COUNTRY?
B≺	1 Never Married 23 Married FORCES? 1 YES 2 NO If yes, specify Cuban, Maxican, Puerto Rican, etc.) Black							Black,	- American Indian, White, atc. W. White
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)		16a. DECEOENT'S (Give kind of w life. Do NOT us Election	rork done during mo. e retired.)	N st of working	166. KIND OF BU			\
NO.	17. FATNER'S NAME (First, Middle, Last)				18. MOTNER'S NA	ME (First, Middle, Maiden	Surname)		
BE (Raymond Charle	s Morgan,			Floren	ce Fishe	r		
ဥ	Mrs May Morgan		1			Route Number, City or Tow Annapolis			n 2
	20a, METHOD OF DISPOSITION 1		PLACE AND DATE O	F DISPOSITION (Na			OCATION — CI		
	21. SIGNATURE OF FUNDIAL SERVICE LICE	Meserronald W	ade, Di		Baltim	ore St,B			my Board 21201
	23. PAIT I. Enter tha diseases, or co shock, or heart failura. Li IMMEDIATE CAUSE (Final disease or condition resulting in death)	emplications that caused list only one cause on experience of the cause on experience of the cause of the cau	the death. Do nach line.	Haud	da of dyling, suc	h as cardlac or rasp	Iratory arres	ot,	Approximata Interval Between Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evants resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF)								0	
	PART II. Other algnificant conditions	contributing to death be	ut not resulting i	n the underlying	cause given in			24b.	WERE AUTOPSY FINDINGS
: MEDICAL	01	restour	Thegour	basis 6	recuy	HEAR YES			AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN? 1 YES 2 NO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL	er faice	rev	2a. PL	ACE OF OEATH (Ch	eck only one)			
YSIC		HOSPITAL: 1 A inpatient 2 - ER/Outp	etlent 3 DOA	OTHER: 4 Nursing Nom	5 - Realdence	8 Other (Specify)			
ВУ РНУ	27. MANNER OF OEATH 1 Partial 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIMI INJ	M 1 1	RK? ES 2 NO	28d. OEŞCRIBE NOW	INJURY OCCU	REO	
ETED	3 Suicide 8 Could not be 4 Nomicide determined	28a. PLACE OF INJURY building, atc. (Spec	— At home, farm, a	treel, factory, office		28f. LOCATION (Street City or Town, State,	and Number or)	Rural R	oute Number,
COMPLETED		AN: To the best of my knowless on the basis of examination							and manner as stated.
8E	296. SIGNATURE AND TITLE OF CERTIFIER	-	7	_	29c. LICENSE NUI	MBER	29d. OATE :	SIGNED	(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	TN (JEM 20 (Type,	Print)	iray /	Ano Au	weight	16	402146
	31. DATE FILEO (Month, Day, Year) SUN 15 1994	32. REGISTRAR'S SIGNA	or Randall		1			7,	The state of the s



BALTIMORE, MARYLAND 21215-0020	when's after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should th the State Dept, of Health and Mental Hygiene prior to burlal, cremation, or removal.	e medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fibe within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	SIAIE UF N	IARYLAND / DE CER		ATE OF			REG. NO.		
1000	1. DECEOENT'S NAME (First, Middle, Last)	Cather		ace	Mona	ghar		DATE OF DEATH GA	-11-9 94	
	4. SOCIAL SECURITY NUMBER 10114 5609 9e. FACILITY NAME (If not institution, give a	5. SEX 1 M 2 F	6. AGE (In yrs. last birt	RS. MO	UNDER 1 YEAR NTHS DAYS	HOURS	MIN.	DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country) NEW ORK
NO.	Homewood Returned Returned		ntec	220	Freder				100	Jerc K
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT				OWN OR LOCAT					10d. INSIDE CITY
늡	Maryland Fre	ederick	Со		Fred	eric	k			1 YES 2 NO
₹ J	106. STREET AND NUMBER 10 College Avenue 21701							10g. CITIZEN	OF WHAT COUNTRY?	
FUNERAL	10 COILege Avenue ZI/OI 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEDENT OF HISPANIC ORIGIN						ORIGIN? (Specify Ven	or No 14	USA	
B	1 Never Merried 2 Married 3 Wildowed 4 Divorced		YES 2 NO		If yes, sp	city Cuba		uerto Rican, etc.)	J. 10-	RACE — American Indian, Black, White, etc. Specify White
COMPLETED	15. DECEDENT'S EDI. (Specify only highest gradi Elementary/Secondary (0-12)	ICATION a completed) College (1-4 or 5 +	(Give ki	ind of work NOT use re	UAL OCCUPATION done during monthred.)	ON st of workin	ø	16b. KIND OF BUS	INESS/INOUS	RY
MP	1 2 +		Воо	kee	per	44 14000		(First, Middle, Maiden S		
	William Wri	ght						Christin	,	dinger
TO BE	19e. INFORMANT'S NAME (Type/Print) Liese L Monagh	nan				nd Number	or Rural Rout	e Number, City or Town	, State, Zip Coo	(e)
	20a. METHOD OF DISPOSITION 1	noval from State	20b. PLACE AND of cemetary, cre-			(Name		DATE 20c, LOC	CATION — City	or Town, State
	21. SIGNATURE OF FUNERAL SERVICE U	AM A	d Wade,	Dir				w State eSt,Bal		
CERTIFICATION	shock, or heart failure. MMEDIATE CAUSE (Finel disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. CECE DUE TO b. DUE TO c. A	OR AS A CONSEQUE	NCE OF):	dis perto	ble stoice	Rec.	old Cu prest co	VA VALLE	Interval Between
CAL CE	PART II. Other significant condition	na contributing to	death but not resu	iting in t	the underlyin	g cause (given in Pa	rt i. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
MED								1 TYES 2	4110	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatient 3 □		THER		EATH (Check			
BY PHYSICIAN:	27. MANNER OF DEATH 1 Netural 5 Pending	26e. DATE OF (Month, D	INJURY 20	Bb. TIME O	F 28c. INJ	URY AT PRES 2	26	Other (Specify) Id. DESCRIBE HOW II	JURY OCCUR	ED
	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE O building,	F INJURY — At home, etc. (Specify)	farm, stre	et, factory, offic	•	20	81. LOCATION (Street a City or Town, State)	nd Number or	Plural Route Number,
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMIN									euse(s) end manner es stated.
TO BE CO	29b. SIGNATURE AND TITLE OF CERTIFIE	mut (1	٥,		3	ENSE NUMBE		29d. DATE S	GNED (Month, Day, Year)
_	30. NAME AND ADDRESS OF PERSON W		12				1 0			





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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with completely filled in the flage 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE (DEPARTMENT OF H		ITAL HYGIENE REG. NO.		
1	1. DECEDENT'S NAME (First, Middle, Last)			2. t	DATE OF DEATH		3. TIME OF DEATH
1 4	James Curtis McInt	osh			6 14	94	м
1 8	4. SOCIAL SECURITY NUMBER 5. SEX	8. AGE (In yrs. last			DATE OF BIRTH	8. BIRTI	IPLACE (State or Foreign
	218-26-3138 NOM 20		YRS. MONTHS DAYS	HOURS MIN.	Month, Dey, Year)	Counti	C.
	9e. FACILITY NAME (If not institution, give street end numb		96. CITY, TOWN C	R LOCATION OF DEATH	9c. C	OUNTY OF D	
OR	2740 Edmondson Ave		Balti	more		Balto	. City
5	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY		10c. CITY, TOWN OR LOCAT				
DIRECTOR	Md.		Baltimor				10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER			. ZIP CODE	1 400	CITIZEN OF N	1 1 YES 2 □ NO WHAT COUNTRY?
1 2	2740 Edmondso Ave.			21223		J.S.	WHAT COUNTRY?
FUNERAL	11. MARITAL STATUS 12. WAS DEC	EDENT EVER IN U.S. ARM			RIGIN? (Specify Yes or No-		E — American Indian.
	LE VES	? 1 ☐ YES 2 🔀 NO BIVE WAR OR DATES	O If yes, sp	ecify Cuban, Mexican, Put 2 X NO Specify:	erto Ricen, atc.)	Black	E — American Indian, k, White, etc.
ВУ	3 Widowed 4 Divorced			- Lagrange		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	""DIACK
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	(Giv	EDENT'S USUAL OCCUPATION FOR kind of work done during mo	ON st of working	16b. KIND OF BUSINESS	INDUSTRY	
=	Elementery/Secondary (0-12) College (1-4	or 5+)	Do NOT use retired.)				
N N	17. FATHER'S NAME (First, Middle, Last)						
	Ben McIntosh				First, Middle, Malden Surnam	10)	
B	19e. INFORMANT'S NAME (Type/Print)				Solomon		
일	Vernell McIntosh	196.	MAILING ADDRESS (Street o				3.000
	200, METHOD OF DISPOSITION	200 81 405 41	ND DATE OF DISPOSITION (Na		Balto. N		
	1 Description 5 Other (Specify)	te cemetery, cren	netory or other place)			City or To	own, State
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		P2. NAME AN	D ADDRESS OF FACILITY	v	474.	ma
	of the mail	h -	Wair	nwright F	uneral Ho	me	
	Cleston M. M	Mune	2700) Edmonds	on Ave. E	Balto	. Md. 2122
	23. PART I. Enter the diseases, or complication ahock, or heart failure. List only on	s that caused the dea a cause on each line.	ith. Do hot anter the mo	de of dying, such aa	cardiac or respiratory	arreat,	Approximata interval Between
1 1	IMMEDIATE CAUSE (Final disease or condition				. 1		Onset and Death
	resulting in death)	6V D1	wage (Lease,	Arvest		
_	0	JE TO (OR AS A CONSEO	UENCE OF):				i I
O O	Sequentially list conditions,	JE TO (OR AS A CONSEQU		Lease			
Ä	cause. Enter UNDERLYING		,				į l
틸	CAUSE (Disease or Injury that initiated events	JE TO (OR AS A CONSEO	UENCE OF):				+
CERTIFICATION	resulting in death) LAST						
	PART II Other significant conditions contribution	- 4- 4					
SAL	PART II. Other significant conditions contribution	ng to death but not ra	laulting in the underlying	cause given in Part	i. 24a. WAS AN AUTOP: PERFORMED?	SY 24b	. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDIC					1 TYES 2 NO		COMPLETION OF CAUSE DF DEATH?
	DID TODACCO LICE CONTROL	DIETE TO CALL	AE				1 NES 2 NO
PHYSICIAN:	DID TOBACCO USE CONTRI	BUTE TO CAU		YES NO			
i i	EXAMINER? HOSPITA		OTHER:	ACE OF DEATH (Check or			
H		t 2 ER/Outpatient 3 [28b. TIME OF 28c, INJ	e 5 Reeldence 8 D	Other (Specify) . DESCRIBE HOW INJURY	OCCURED	
	1 Natural 5 Pending (Mo	onth, Day, Year)	INJURY WO	RK?	. DESCRIBE NOW INJURY	OCCUMED	
B	2 Accident Investigation 3 Suicide 8 Could not be 28e. PL	ACE OF INJURY — At hom	ne, ferm, atreet, factory, office		LOCATION (Street end Num	nhar or Rumi I	Pouts Number
8	4 Homicide determined	Iding, atc. (Specify)		1	City or Town, State)	ioo o ribiar i	TOTAL TRUTTON,
COMPLET	29e. CERTIFIER	and of our law of a con-			With the Control		
MP	(Check only one) 2 MEDICAL EXAMINER: On the base						DOS HIBOSOSTAN
8			Transperiori, in my opiniori, o		date and place, end due t	o the cause(e	e) end manner ee stated.
H	296. SIGNATURE AND TITLE OF CERTIFIER	1		29c. LICENSE NUMBER	29d. [DATE SIGNED	(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED	CAUSE OF DEATH STATE	27) (Since Origin)				
	FI MUC D. A	1 (J			1 1.	4.0	
	31. DATE FILED (Month, Day, Yeld) 32, REG	ISTRAR'S SIGNATURE	14, 7, (3	can 5t.	Bulto	15)	
	JUN 15 1994	un-ferdale					

BALTIMORE, MARYLAND 21215-0020

BOX 68760,	
P.O.	
RECORDS,	
F VITAL F	
DIVISION OF VITAL I	

35-12-3781 1 M 2 F filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) DIRECTOR PINEVIEW MANOR RESIDENCE OF DECEDENT 10a, STATE 10c. CITY, TOWN OR LOCATION midi 10e. STREET AND NUMBER FUNERAL 9106 PINE VIEW LANE PINEVIEW 24 hours after death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 1 Never Married 2 Married BY 3 🗹 Widowed 4 🗌 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) (Specify only highest grade comp Elementary/Secondary (0-12) HOMEMAKER 6 17. FATHER'S NAME (First, Middle, Last) HENRY F. STEWART notified at BE 19a. INFORMANT'S NAME (Type/Print) 19b, MAILING ADDRESS (Street and Number 2 LEONARD L. MERRYMAN 6928 EMERSON STREE pe 20e. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of must 1 St Burial 2 Cremation 3 4 Donation 5 Other (Specify) Burial 2 Cremation 3 Removal from State ry, cremetory or other pla NATIONAL examiner n 21. SIGNATURE OF FUNERAL SERVICE LICENSEE medical 23. PART Menter the diseases, or co shock, or heart failure. List 6 IMMEDIATE CAUSE (Final cremation, the disease or condition DIRECTOR: After this certificate has been signed by the attending physician and completely in hours after death with the State Dept, of Heatth and Mental Hyglene prior to burial, crematik resulting in death) executed within event, ass 20 M Item 23 shows any injury, or other traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause gi MEDICAL PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: 1 TES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 6 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28 is marked, 26b. TIME OF 1 Natural 5 Pending Investiga BY 2 Accident HOSPITAL OR ATTENDING 28e. PLACE OF INJURY — At home, farm, street, factory, offica building, atc. (Specify) 3 Suicide COMPLETED 8 Could not be determined 4 🗌 Homicide IMPORTANT: If Item 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, FUNERAL I 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death of 296. SIGNATURE AND TITLE OF CERTIFIER BE 꿅 THE 2 2 2 DEATH UTEM 27) (Type, Print) 5"1994

FOR STATE REGISTRAR

4. SOCIAL SECURITY NUMBER

1. DECEDENT'S NAME (First, Middle, Last)

SOP

1 -

STATE OF MARYLAND / DEPARTMENT OF HEALTH

SOPHIA ELIZABETH MERRYMAN

CERTIFICATE OF DEAT

IF UNDER 1 YEAR IF UNDER

9b, CITY, TOWN OR LOCATIO

101, ZIP CODE

13. WAS DECENDENT OF

1 YES 2 ND

MEMORIAL P

22. NAME AND ADDRES 7601 SAND

26. PLACE OF DE

28c. INJURY AT WORK?

1 YES 2

OTHER:

INJURY

207

18. MOTH

PEA

DAYS

Clinton

94 17473

Н	2. DATE OF D	EG. NO.	-	A THE OF DEATH
	MONTH	DAY 3	99	3. TIME OF DEATH
4 HRS.	7. DATE OF B (Month, De)	v. Year)	Count	HPLACE (State or Foreign try)
N OF DE		-12		deed, Wive
V OF UL	АТН	Pt.	P. G	DEATH P
				10d, INSIDE CITY LIMITS? 1 K YES 2 NO
		100		WHAT COUNTRY?
35				.5.
HISPAN Maxicar Specify	IIC ORIGIN? (Sp n, Puerto Rican :	secify Yea or No i, etc.)	o— 14. RAC Blac Spec	CE — American Indian, ck, Whita, etc.
	16b, KIN	D OF BUSINES	S/INDUSTRY	uniqu
	1			
		HOME		
	ME (First, Middle		me)	
	E. HOS		Tin Code)	
	HYATTS			784
± ,		20c. LOCATIO		
			L, MAR	
	I I	ROAD,	LAUREL	HOME, INC., MD 20707
ja.				Approximate interval Between Onset and Death
273	ger	C46. 2	<i>y</i>	Guddon
d	jas	ne		4 year
	7			10
ven in i	Part I. 24e.	WAS AN AUTO	DCV 24t	D. WERE AUTOPSY FINDINGS
00	1,00	PERFORMED?		AVAILABLE PRIOR TO COMPLETION DF CAUSE
0	1	YES 2	°	DF DEATH?
all the	Tien			1 YES 2 NO
ATH/Che	ock only one)			
denca	8 Other (Spe	ecify)		
	28d. DESCRIB	E HOW INJURY	OCCURED	
NO				
	28t, LOCATION	N (Street and No	umber or Rural F	Route Number,
	City or Tow	vn, State)		
	City or Tow	wn, State)		
	to the cause(a)	end manner a		s) and manner as stated.

2. DATE OF DEATH

1994

1976

N/A

20c. LOCATION — City or Town, State

LAUREL, MARYLAND

9c. COUNTY OF DEATH

JUNE 3,

BALTIMORE, MARYLAND 21215-0020

FOR STATE

REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

4. SOCIAL SECURITY NUMBER

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	
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7. DATE OF BIRTH (Month, Day, Year, AUG. 29, MONTHS DAYS HOURS 1 🔯 M 2 🗌 F 17 YRS. 213-21-9191 use as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR GREATER LAUREL BELTSVILLE HOSPITAL LAUREL RESIDENCE OF DECEDENT 10a, STATE 10c. CITY, TOWN OR LOCATION MARYLAND PRINCE GEORGE LAUREL FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 13313 SANTA ANITA ROAD 20708 the hospital or attending physician. 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 1 Never Married 2 Married If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16h, KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple (Give kind of work done life. Do NOT use retired.) ost of working Þ Elementary/Secondary (0-12) College (1-4 or 5 +) page 5 should be detached SECONDARY SPEC N/A 17. FATHER'S NAME (First, Middle, Last) ts. MOTHER'S NAME (First, Middle, Maiden Surname) after death. Page 6 may be retained by be notified at JAMES L. MORRISSEY BE CAROLINE A FEDERAL 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 0 JAMES L. MORRISSEY 13313 SANTA ANITA ROAD, LAUREL, MARYLAND 20708 20s. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of OATE must 20s. METHOD OF DISPOSITION

1 Specific 2 Cremation 3 Removat from State

4 Donation 6 Other (Specify) filled in by the funeral director, on, or removal. cemetery, crematory or other place)
IVY HILL CEMETERY examiner 21. SIGNATURE OF FUNERAL SURVICE LICENSES 22. NAME AND ADDRESS OF FACILITY FLECK FUNERAL HOME, INC. 7601 SANDY SPRING ROAD, LAUREL, MD 20707 medical 23. PART/I. Enter the diseases, or complications the caused the deeth. Do not enter the mode of dying, such as cardiec or reepiratory arrest, shock, or heart feliure. List only one ceuse on each line. IMMEDIATE CAUSE (Final the cremation, disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE attending physician and completely aness event, WHI Cute Flehr. (
DUE TO (OR AS A CONSEQUENCE OF): executed burial, traumatic CERTIFICATION Sequentially list conditiona, 2 if any, leading to immediate cause. Enter UNDERLYING pe Hygiene prior uperKalema other CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST Mental Injury, the PART ii. Other aignificent conditions contributing to deeth but not reaulting in the underlying cause given in Part I. 24a, WAS AN AUTOPSY MEDICAL certificate has been signed by the State Dept. of Health and any 1 TYES 2 NO shows : PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) Item the State HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA EXAMINER? OTHER: 4 Nursing Ho 1 YES 2 NO me 5 🗆 Rasidenca 8 🗆 Other (Specify) 6 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? marked, 26d. DESCRIBE HOW INJURY OCCURED with this 1 Natural 1 YES 2 NO After th BY 2 Accident 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28s. PLACE OF tNJURY — At home, farm, street, factory, offica building, atc. (Specify) 3 Suicide 28 Is DIRECTOR: / COMPLETED 6 Could not be 4 🔲 Homicide tem 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. FUNERAL (within 72 h HOSPITAL Ξ 2 MEDICAL EXAMINER: On the basic of yearmination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. IMPORTANT: 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 置 THE me 223 0 HAITEM 27) (Type, Print) 16 31. DATE FILED (Month,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.

JAMES HUNTER MORRISSEY

5. SEY

94 17474

3. TIME OF DEATH

6. BIRTHPLACE (State or Foreign

WASHINGTON, DC

PRINCE GEORGE

14. RACE — American Indian, Black, White, etc.

Specify: WHITE

10g. CITIZEN OF WHAT COUNTRY?

USA

10d. INSIDE CITY LIMITS?

1 YES 2 X NO

interval Between Onset and Death

24b. WERE AUTOPSY FINDINGS

AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

1 YES 2 NO

29d. DATE SIGNEO (Month, Day, Year)

6

207

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to buriat, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be netified at once.

STATE	0F	MARYLAND / DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIENE
		CERTIFICATE					REG. NO.

	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.						
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH	3. TIME OF DEATH		
	Wavne Lee Mags	samen men	1	June 12, 1	994 9 45 AM		
l 8		(In yrs. lest birthday) IF UNDER		7. DATE OF BIRTH	& BIRTHRI ACE (State or Formion		
	219-26-5161 ¹\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	55 YRS. MONTHS	DAYS HOURS MIN.	June9, 1939	Maryland		
	9a. FACILITY NAME (If not institution, give street and number)	9b. CITY,	TOWN OR LOCATION OF DEA	TH 9c. 0	COUNTY OF DEATH		
DIRECTOR	Harbor Hospital		Baltimore				
딥	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	19c, CITY, TOWN O	B LOCATION		10d, INSIDE CITY		
뜸	Md.		hicum Heig	hts	LIMITS?		
	10e. STREET AND NUMBER		101. ZIP CODE		CITIZEN OF WHAT COUNTRY?		
FUNERAL	376 Center Hill Ave.		21090		USA		
5	11. MARITAL STATUS 12. WAS DECEDENT EVER			C ORIGIN? (Specify Yes or No-	14. BACE — American Indian.		
ВУ Б	1 Never Married 2 Married FORCES? 1 YE 3 Widowed 4 Divorced IF YES, GIVE WAR OR		yes, specify Cuban, Mexican, YES 2: NO Specify:	Puarto Rican, etc.)	Black, White, atc. Specify:		
					White		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S USUAL OC (Give kind of work done d life. Do NOT use retired.)	CUPATION uring most of working	16b. KIND OF BUSINESS	/INDUSTRY		
12	Elementary/Secondary (0-12) College (1-4 or 5+)	Maintenand	10	Down Ada	ninistration		
WO	17. FATHER'S NAME (First, Middle, Last)	Maintenant		E (First, Middle, Maiden Suman			
	Clinton David Mags	men	ľ		ay		
BE (19a. INFORMANT'S NAME (Type/Print)			oute Number, City or Town, State	2		
2	Shirley Magsamen	8234 No	orth Bounda	av Road Bai	ltimore Md.21222		
	20a. METHOD OF DISPOSITION 1 □ Burtal 2 ☑ Cremation 3 □ Removal from Stata	Db. PLACE AND DATE OF DISPOSI			I — City or Town, State		
	4 Donation 5 Other (Specify)	emetery, crematory or other place) SetroCremato	ory Inc.6/	15/94 Balt	imore MD.		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	A /	IAME AND ADDRESS OF FACI	LITY			
	1 R. Jessey (Same			neralHome o	of Essex		
	23. PART I. Entar the diseeses or complications that caus	ed the death. Do not entar	the mode of dying, such	as cerdiec or respiratory	errest, Approximate		
	shock, or haert fellure. List only one cause on IMMEDIATE CAUSE (Finel	aach line,/			Interval Between Onset and Death		
	disesse or condition resulting in death)	A CONSEQUENCE OF):	A.		100000000000000000000000000000000000000		
	OUE TO (OR AS	A CONSEQUENCE OF):	S 4 0)			
8	Sequentially list conditions,	A CONSEQUENCE OF): A CONSEQUENCE OF):	INFAR	CTION			
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	A CONSEQUENCE OF):	100/				
[윤]	CAUSE (Disease or Injury that Initiated events Due TO (OR AS	A CONSEQUENCE OF):	1019				
E	resulting in death) LAST						
	DART II Other classificant and distance and						
NA I	PART II. Other significent conditions contributing to deeth	but not resulting in the unc	farlying cause given in P	art I. 24a. WAS AN AUTOP PERFORMEO?	AVAILABLE PRIOR TO		
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				_	1 TES 2 NO		
AN	25. WAS CASE REFERRED TO MEDICAL		28. PLACE OF OEATH (Chec	t anti anal			
[응	EXAMINER? 1 YES 2 NO 1 Inpatient 2 ER/Ou	OTHER	:				
PHYSICIAN:	27. MANNER OF DEATH 28a. DATE OF INJURY	28b. TIME OF	ng Home 5 Residence 8 28c, INJURY AT	28d. OEŞCRIBE HOW INJURY	OCCURED		
ВУ Р	1 Netural 5 Pending (Month, Day, Year) Accident Investigation	INJURY M	WORK? 1 YES 2 NO				
		Y — At home, farm, street, facto	ry, office	28f. LOCATION (Street and Nun	nber or Rural Route Number,		
	4 Homicide detarmined	oonyy		City or Town, State)			
COMPLETED	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my known	wledge, death occurred at the tin	ne, data and place, and dua to	the cause(a) and manner as	atated.		
₩ O	one) 2 MEOICAL EXAMINER: On the basis of axaminat						
ш	29b. SIGNATURE AND TITLE OF CERTIFIER		29c. LICENSE NUMB	BER 29d. I	DATE SIGNED (Month, Day, Year)		
00	1. rates MD		D37	111	6/13/94		
일	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF O				, ,		
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the Most of the Hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.							
	1. DECEDENT'S NAME (First, Middle, Leat) SHARON	٧.	NORRIS		2. DATE OF DEATH MONTH DAY	994 YEAR	3. TIME OF DEATH 6:34 a. M	
	218-76-6598	□ M 2 X□XF 3	yrs. lest birthday) IF UNDE MONTHS	R 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) NOV. 3, 195	6. BIRTHP	LACE (State or Foreign	
TOR	99. FACILITY NAME (IT not institution, give street THE JOHNS HOPKINS RESIDENCE OF DECEDENT			y, town or location of di LTIMORE CITY	EATH 9	N / A	ATH	
DIRECTOR	10e. STATE 10b. COUNTY N/A	4	10c. CITY, TOWN	OR LOCATION LTIMORE			10d. INSIDE CITY V LIMITS? V YES 2 NO	
FUNERAL	100. STREET AND NUMBER 2023 E. LANVA	ALE STREE	T	101. ZIP CODE 21213		09. CITIZEN OF WI		
BY FUN	11. MARITAL STATUS t Never Merried 2 Married 3 Widowed 4 Divorced	. WAS DECEDENT EVER IN FORCES? t YES IF YES, GIVE WAR OR DA	X (X) NO	WAS DECENDENT OF HISPAN If yes, specify Cuben, Mexica 1 YES 2 NO Specifi	in, Puerto Rican, etc.)	Black,	- American Indian, White, atc. BLACK	
COMPLETED	15. DECEDENT'S EDUCATII (Specify only highest grade com Elementary/Secondery (0-12) Co		16e. DECEDENT'S USUAL ((Give kind of work done life. Do NOT use retired.) CLERICA	during most of working	166. KIND OF BUSINE	ESS/INDUSTRY HOSPIT	AL	
BE COM	17. FATHER'S NAME (First, Middle, Lest) ROBERT MACK			18. MOTHER'S NA EVELY	ME (First, Middle, Maiden Sun N MORRIS			
TO B	196. INFORMANT'S NAME (Type/Print) ROBERT MACK		196. MAILING ADDRES	S (Street and Number or Rural LANVALE	STREET, B	ÄLTIMOR	RE,MD	
	20a_METHOD OF DISPOSITION 1\(\)\(\)\(\)\(\)\(\)\(\)\(\)\(\) \ \ \ \	from State ceme	PLACE AND DATE OF DISPO	CEMETERY	BAL	TIMORE,	The state of the s	
	* Karen M	. Koge		M. C. MARC		1 E. N	ORTH AVE.	
	23. PART I. Enter the diseases, or com shock, or heart failure. List IMMEDIATE CAUSE (Finel disease or condition resulting in death)	SEPSIS / H	the deeth. Do not enter the children.		h es cerdiac or reepiret	Dry arreet,	Approximate Interval Between Onset and Death	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause, Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST D. ASC. S. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):							
MEDICAL C	PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 248. WAS AN AUTOPSY PERFORMED? 1 VES 2 NO 249. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?							
	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)							
BY PHYSICIAN:	EXAMINER? 1 YES 2 NO 1 Inpatient 2 ER/Outpetient 3 DOA OTHER: 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) Netural 5 Pending AND OTHER: 4 Nursing Home 5 Residence 8 Other (Specify) 28b. TIME OF INJURY WORK? WORK 1 Netural 5 Pending							
	Accident Investigation							
S Suicide 4 Homicide 4 Homicide 5 Could not be determined 5 Medical Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner one) 5 Medical Examiner: On the best of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner one)							and manner as stated.	
TO BE C	316. SIGNATURE AND TITLE OF CERTIFIER JULY ALL AND A		10	10816C		9d. DATE SIGNED (Month, Day, Year)	
	J. W ATHN AB	SE TOWE	e 110	JOHNS	HOPKIUS	Hos	PITEL	
	31. DATE FILED (Month, Dey, Year)	32. REGISTRAR'S SIGNA	TURE And M					

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) . 2. DATE OF DEATH MONTH 3. TIME OF DEATH OCTOLEME GELIN JUNE 94 D 4. SOCIAL SECURITY NUMBER 6. AGE (In vrs. last birthdev) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign Country) 42 1 X M 2 | F DAYS HOURS YRS permit, Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 411 PARK AVE BALTIMORE CITY na RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore 1 YES 2 NO FUNERAL 10a. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 411 21201 Park Avenue funeral director, page 5 should be detached for use as the burial-transit Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Cuban, Mexican, Puerto Rican, atc.) FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 14. RACE - American Indian, Black, White, atc. BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Married 1 YES 2 NO Specify: ΒY Specify: Black 3 Widowed 4 Divorced 16a. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Sp (Give kind of work done during life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) to BE notified a 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 å 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State must 1 Burial 2 Cremation 3 Removal from State 4 □ Donation □ Other (Specify) in state removal 22. NAME AND ADDRESS OF FACILITY State Anatomy Board examiner 21. SIGNATURE OF FUMERAL SERVICE LICENSEE Monald Wade, Dir ours after death. 655W.Baltimore St, Balto, MD21201 completely filled in by the I nal, cremation, or removal. medical 23. MAT i. Entar the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, ahock, or haart failure. List only one cause on each line. interval Betwe ō HAMEDIATE CAUSE (Final Onset and Death the disease or condition lis vaculon Dines levoxbishe (resulting in dasth) traumatic event, requires that the death certificate be executed with DUE TO (OR AS A CONSEQUENCE OF attending physician and con intal Hygiene prior to burial, CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING other t CAUSE (Disesse or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated evants resulting in death) LAST 6 signed by the atter Health and Mental PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY BERFORMED? WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE MEDICAL any 1 YES 2 | NO OF DEATH? Shows YES 2 | NO t. of H DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES | NO | PHYSICIAN: has be Dept. HOSPITAL OR ATTENDING PHYSICIAN: The law 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one) tem r this certificate h HOSPITAL:
1 | Inpetiant 2 | ER/Outpetient 3 | DOA OTHER: XXYES 2 □ NO 4 ☐ Nursing Home → Pasidence 8 ☐ Other (Specify) 0 27 MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c, INJURY AT WORK? 28b. TIME OF INJURY 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Natural 5 Pending Investigation 1 YES 2 NO After ti death BY Accident 26a. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Sulcide 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 69 COMPLETED 6 Could not be DIRECTOR: hours after 4 Homicide 28 Item 29a. CERTIFIER 1 _ CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) end manner as stated. FUNERAL within 72 f = 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and placa, and due to the cause(s) and manner es stated. TO THE HOSPITA
TO THE FUNERA
De filed within 7
IMPORTANT: I 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE JUNE 2,1994 O.C.M.E. WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 9 TEODORE YCKER 111 Penn Street, Baltimore, Maryland 21201 31. DATE FILED (Month, Day, Year) 32. SGISTRAR'S SIGNATURE The dwelork

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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DIVISION OF VITAL RECORDS, P.O. BOX 68760
DIVISION OF VITAL

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 994 6:57 PM Baby Girl Penn JUNE 7. DATE OF BIRTH (Month, Day, Year 4. SOCIAL SECURITY HUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. S. BIRTHPLACE (State or Foreign Country) 1 M 2 HOURS 6-7-94 YRS. Maryland 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Union Memorial Hospital Baltimore City na RESIDENCE OF DECEDENT 10e. STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. IHSIDE CITY Maryland Howard Co Columbia 1 YES 2 NO 10e. STREET AHD NUMBER FUNERAL 10g. CITIZEN OF WHAT COUNTRY? 6145 Gloden Bell Way USA 21045 11 MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—
If yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indien, Black, White, etc. 1 Never Married 2 Merried IF YES, GIVE WAR OR DATES 1 YES 2 NO BY Specify: Specify: 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION 16b. KIHD OF BUSINESS/INDUSTRY (Specify only highest grade completed) ost of working (Give kind of work done ite. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumame) notified at Avery Penn Tammy BE Penn 19e. IHFORMAHT'S HAME (Type/Print) 19b. MAILING AODRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Tammy Penn 6145 Golden Bell Way, Columbia, MD 21045 pe 20s. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATIOH - City or Town, State must 1 Burial 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) 21. SIGNAPORE OF FUNE MAL SERVICE LICENSEE examiner 22. NAME AHD ADDRESS OF FACILITY medical 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or haart failura. List only one cause on each line. intarvai Batween IMMEDIATE CAUSE (Final Onset and Death the disease or condition PREMATURITY 33 MINUTES reaulting in death) traumatic event, DUE TO (OR AS A CONSEQUENCE OF): UNKNOWN POSSIBLE INFECTION ONSET CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa other 1 DUE TO (OR AS A CONSEQUENCE OF)resulting in death) LAST 0 PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AH AUTOPSY MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE any 1 X YES 2 NO OF DEATH? Shows 1 TES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES PHYSICIAN: NO 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** 1 TES 2 NO OTHER Inpatient 2 - ER/Outpatient 3 - DOA ne 5 🗆 Residence 6 27. MANNER OF DEATH 28e. OATE OF IHJURY 28b. TIME OF 28c. IHJURY AT WORK? 28d. DESCRIBE HOW IHJURY OCCURED marked, 1 Hatural 2 Accident 5 Pending Investigation 1 YES 2 NO BY 28e. PLACE OF IHJURY — At home, farm, street, fectory, office building, etc. (Specify) 40 3 Sulcida 28t. LOCATIOH (Street and Number or Rural Route Number, City or Town, State) Œ 6 Could not be 28 4 Homicide COMPLET item 29a. CERTIFIER

CERTIFYING PHYSICIAH: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and manner as stated. (Check only one) = 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion TO THE HOSPITA
TO THE FUNERA
DE filed within 7
IMPORTANT: 1 occured at the time, data and place, and due to the cause(a) and manner as stated. 29c. LICEHSE HUMBER B D36836 amosos 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) NESON W. DAVIDSON M.O. 201 E. UNIVERSITY PKWY BALTIMORE 32. REGISTRAR'S SIGNATURE

JELIN ORWELEN ROYCELL 31. DATE FILED (Month, Day, Year)

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with	2	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or re	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the med

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH George Wilbur Pickett, Jr. 5.40 A.M 6 94 4 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 8. BIRTNPLACE (State or Foreign Country) IF UNDER 1 YEAR IF UNDER 24 HRS 7. DATE OF BIRTH Jan. 27, DAYS HOURS Md. 1 XM 2 F 218-34-0871 58 1936 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN DIRECTOR Carroll Co. General Hospital Westminster, Md. Carroll RESIDENCE OF DECEDENT 10a. STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Md. Carroll Sykesville 1 YES 2 NO FUNERAL 10e STREET AND NUMBER 101. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? Schneider Dr. Sykesville, Md. 21784 U.S.A. 11 MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Maxican, Puarto Rican, etc.) 1 Never Married 2X Married IF YES, GIVE WAR OR DATES 1 YES 2 1 NO Specify: Specify: White BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION pecify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Spe (Give kind of work done during most of working life. Do NOT use retired.) entary/Secondary (0-12) College (1-4 or 5+) health care 4 LPN 12 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) te George W. Pickett, Sr. Ruth E. McKenzie BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 Chervl Austin Pickett Schneider Dr. Sykesville, Md. 21784 be 20s, METHOD OF DISPOSITION
1 🖟 Burlal 2 🗆 Cremailon 3 🗆 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION -- City or Town, Stata must View Memorial 4 Donation 5 Other (Specify) Park Eldersburg, Md. Lake examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Haight Funeral Home Brian 0. Box 195 Sykesville. medical 23. PART I. Enter the dieeesee, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or reepiratory erreat, ahock, or haert failure. List only one cause on each line. interval Between **Onset and Death IMMEDIATE CAUSE (Final** Aarcha the disease or condition_ alera Muse Card Unter event, reaulting in death) DUE TO (OR AS A CONSEQUENCE OF) homs 5 traumatic CERTIFICATION Sequentielly list conditiona, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediata cause. Entar UNDERLYING other t CAUSE (Diseese or Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in daeth) LAST 0 injury, PART ii. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE any 1 TES 2 NO OF DEATH? Shows 1 TES 2 NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 Pinpetlant 2 ER/Oulpetlant 3 DOA 1 TYES 2 THO 4 Nursing Nome 5 Residence 8 Other (Specify) 5 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF 28d. DESCRIBE NOW INJURY OCCURED marked, 1 Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28a. PLACE OF INJURY — Al home, farm, atreel, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide .00 8 Could not be COMPLETED 4 Nomicide 28 Item 29a. CERTIFIER
1 DEERTIFYING PNYSICIAN: To like best of my knowledge, death occurred at the lime, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, data and place, end due to the cause(s) end manner as stated. 29d. DATE SIGNED (Month) 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER B D Z3015 Stalana W 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) HGTS MED CTR. WESTAW SE WASHINGTON DINESH ·KALARIA MO 217

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DIVISION OF VITAL RECORDS, P.O. BOX 68760

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al,	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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ir death. Page 6 may be retained by the hospital or attending physician.	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with: Nours after death. Page 6 may be retained by the hospital or attending physician.

FOR 1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

_	REGISTRAR		CERTIF	CALE	OF DEAT	IH	REG. NO.			
ĺ	1. DECEDENT'S NAME (First, Middle, Last) JAMES	E. REID					2. DATE OF DEATH MONTH JUNE 10), 199	YEAR	3. TIME OF DEATH
7	005 00 0055		yrs. last birthday) 2 yrs.	IF UNDER 1 YE MONTHS DA	AR IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH JAN. 6, 19	- 0	B. BIRTHE	CAROLINA
~	9a. FACILITY NAME (If not institution, give street	and number)		9b. CITY, TO	WN OR LOCATION	ON OF DE		9c. COUNT		
5	RESIDENCE OF DECEDENT	OCKWELL	ROAD		BALT	IMOI	RE CITY	n/	a	
DIRECTOR		n/a	10c, CIT	r, TOWN OR L	BALT	[IMO	RE			10d, INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL			RD.		10f. ZIP CODE 212	34		10g. CITIZI UN	EN OF W	D STATES
B	11. MARITAL STATUS 1 Never Merried 2 💢 Xerried 3 Wildowed 4 Divorced	WAS DECEDENT EVER IN I FORCES? 1 [V] YES IF YES, GIVE WAR OR DAT	U.S. ARMED 2 NO ES	If ye	DECENDENT Of A specify Cube YES 2 X 100	F HISPAN n, Maxica Specify	IIC ORIGIN? (Specify Yes n, Puarto Rican, atc.)	or No— 1	14. RACE Black, Specify	— American Indian, White, etc.
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade com	pleted)	(Give kind of v life. Do NOT us	york done durin	PATION g most of workin	g	16b. KIND OF BUS	INESS/INDU	STRY	
MPL	8 TH	oliege (1-4 or 5+)	L	ABORE	R		BETH	STE	EL	
BE CO	17. FATHER'S NAME (First, Middle, Last) JOHN REID					HER'S NAI	ME (First, Middle, Maiden : E SAULS	Sumame)		
2	GWENDOLYN REI)	196. MAILING 8722	ADDRESS (St	OCKWEL	or Rural F	D., BALTI	MÜRE	, MD	.21234
	20a. METHOD OF DISPOSITION X & Buriel 2 Cremation 3 Removal 4 Donation 5 Other (Specify)	trom State 20b. F	PLACE AND DATE OF	POISPOSITIO	REST	V A	CEMETER	Y, 0 W	ty or Tom	s Mills,
	21. SIGNATURE OF FUNERAL SERVICE LICENS	EE KO	~		M . C .			101	F	NORTH AVE
1	23. PART i. Entar the diseases, or com	plications that daused	the death. Do n							Approximats
	shock, or heart fallurs. List IMMEDIATE CAUSE (Final disease or condition reaulting in dasth) a	METAST	ATÍC	C			ома	09		Interval Between Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evants resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d.										
EDICAL	PART II. Other significant conditions co	ontributing to death but	t not reaulting i	n tha under	lying causa g	jiven in	Part i. 24a. WAS AN PERFORE 1 YES 2	MED?		WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Z	DID TOBACCO USE CO	NTRIBUTE TO	CAUSE OF	DEATH	YES	1 NC				1 TYES 2 NO
SICIAN:		OSPITAL:	10m 2 004	OTHER:	8. PLACE OF D					
THY.	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 280 URY	INJURY AT WORK?		6 Other (Specify) 28d. DESCRIBE HOW IN	JURY OCCU	JRED	
Accident 3 Suicide 4 Homicide 5 Pending Investigation 28a, PLACE OF INJURY — At home, farm, streat, factory, office 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29a. CERTIFIER Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.							oute Number,			
							and manner as stated.			
2 2	296. SIGNATURE AND TITLE OF CERTIFIER	ml.			29c. LICE	ac NUM	886	29d. DATE	SIGNED (Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO CO	MPLETED CAUSE OF DEAT	H (ITEM 27) (Type,	Print)	A(A	NT.	5 - 350	5 50	50	ER DIAUC
	31. DATE FILED (MONT), Day, Year) 1994	32. ARGINTRAPIOSIGNAT	WRE And M		, , , , , ,				M	p 21209
	63.66									DHMH-16 Rev 1/89



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BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or attending physician.	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in the State Dept. of Health and Memal Hygiene prior to burial, cremation, or removal.
DIVISION OF VITAL RECORDS, P.O. BOX 68760.	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within fours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG. NO.

	REGISTRAR		CERTIFIC	AIE OF	DEATH	R	EG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last) NACK ROBERSON	MACK		ROBE	RSON	2. DATE OF I	DEATH 06-4-	1.35 P
	4. SOCIAL SECURITY NUMBER 5. SEX/	6. AGE (In yrs. 76		NTHE DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF E		B. BIRTHPLACE (State or Foreign Country)
DIRECTOR	9a. FACILITY NAME (If not institution, give street and number) LORIEN NSG. HOME RESIDENCE OF DECEDENT		9	COLU	R LOCATION OF DEA	Md.		DARD
EC	106. STATE 106. COUNTY		10c. CITY, 1	OWN OR LOCAT	ION			10d. INSIDE CITY
8	M M Howard		Co1	umbia				LIMITS?
FUNERAL	10e. STREET AND NUMBER			101.	ZIP CODE		10g. CITI	EN OF WHAT COUNTRY?
N L	Lorien Nurs Hm 6634 11. MARITAL STATUS 12. WAS DECEDE	Cedar		1	21044	-		
20	1 Never Married 2 Married FORCES?	1 YES 2 WAR OR DATES	□NO	If yes, spe	ENDENT OF NISPANIC lefty Cuben, Mexican, 2 NO Specify:			14. RACE — American Indian, Black, White, etc. Specify: Black
LEI EU	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5		DECEDENT'S US (Give kind of work life. Do NOT use n	k done during mos	N at of working	16b. KIN	D OF BUSINESS/IND	
COMPL	17. FATNER'S NAME (First, Middle, Last)				18. MOTNER'S NAM	E (First, Middl	e, Maiden Surname)	
O DE	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	ODRESS (Street as	nd Number or Rural Ro	ute Number, C	City or Town, State, Zip	Code)
	20s. METHOD OF DISPOSITION		CE AND DATE OF		me of	DATE	20c. LOCATION —	City or Town, State
	1 Buriel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 1 n State	Homos	, cremetory or other val					
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE R O IT A	1d Wad	de.Dir	22. NAME AN	D ADDRESS OF FACE	LITY S	tate An	atomy Board
	America Allaha	m.	, , , , ,	655W.	Baltimo	rest	Balto, M	D21201
	23. ART I. Enter the disease, or complications the shock, or heart failure. List only one call MMEDIATE CAUSE (Final disease or condition resulting in death)	use on each l	line.		Canci			Approximate Interval Betwee Onset and Date
	/ DUE TO	O (OR AS A CON	SEQUENCE OF):	X			1	
2	Sequentially list conditione, b.			14	e esoy	rled	gus.	
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	O (OR AS A CON	ISEQUENCE OF):			(
2	CAUSE (Disease or Injury & C.	O (OR AS A CON	SEQUENCE OF):					
	resulting in death) LAST							
EDICAL	PART II. Other algorificant conditions contributing to	o daath but no	ot reaulting in	tha underlying	j cause givan in P	art I. 24s	PERFORMED?	246. WERE AUTOPSY FINDING AMAILABLE PRIOR TO
						1 (YES 2 NO	OF DEATH?
Ξ						-		1 TYES 2 NO
	25. WAS CASE REFERRED TO MEDICAL			20 01	ACE OF DEATN (Chec			
	EXAMINER? HOSPITAL:			THER:				
	1 VES 2 NO 1 Inpetient 2 27. MANNER OF DEATN 28a. DATE C		28b. TIME (5 Residence 8		BE NOW INJURY OCC	TIPED
	1 Natural 5 Pending (Month,	Day, Year)	INJUR	WO 1 D	RK? 'ES 2 NO	ZOU. DESCRI	DE NOW INSONT OCC	ONED
2	3 Suicide e Could not be determined 28a. PLACE building	OF INJURY — AI g, etc. (Specify)	t home, ferm, stre	et, factory, office			N (Street and Number wn, State)	or Rural Route Number,
COMPLE	29s. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of MEDICAL EXAMINER: On the best of							
0 00 01	296. SIGNATURE AND TITLE OF CERTIFIER	ule	gu		29c. LICENSE NUME	75	DE C	SIGNED (Month, Day, Year)
	30. NAME AND ADDRESS OF RERSON WHO COMPLETED CA	SSO/	OP CL	Auri	apoli	R	& Ellia	H City My
	31. DATE FILED (Month, Day, Your) 32. REGISTR	AR'S SIGNATUR	Randall					

the south the room of the

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Jours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2. 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	OF MARYL		TMENT OF H	EALTH AND I		GIENE 3. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEA	ATH		3. TIME OF DEATH
	Cla		Reeley			монтн 6	11	94	9:20 A.M.
	4. SOCIAL SECURITY NUMBER 5. SEX 216-14-4760 1 □ M 23		n yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRT (Month, Dwy,)	bar)	8. BIRT	HPLACE (State or Foreign try)
	216-14-4760 1 M 23	73	YRS.		OR LOCATION OF DE	11/5/			Virginia
DIRECTOR	7041 East Baltimore St	,		Baltin		АТН		inty of the state	
JEC.	10e. STATE 10b. COUNTY		10c. CIT	, TOWN OR LOCAT	TION				10d. INSIDE CITY
	Maryland Baltimore	2	Ba	altimore					LIMITS? 1 ☐ YES 27☐XNO
FUNERAL	100. STREET AND NUMBER 7041 East Baltimore St	reet		101	21224		10g. CIT	U.S	WHAT COUNTRY?
BY FUN	1 Never Married 2 Married FORCES	CEDENT EVER IN 17 1 YES GIVE WAR OR DA	2 NO	If yes, sp	ENDENT OF HISPAN ecify Cuben, Mexical 2 NO Specify	n, Puerto Ricen, a		14. RAC Blac Spec	E — American Indian, ck, While, etc.
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)		16a. DECEDENT'S (Give kind of w life. Do NOT us	vork done during mo		16b. KIND	OF BUSINESS/IN	DUSTRY	
7	Elementary/Secondary (0-12) College (1- 10th Grade	4 of 5 +)	Book 1	Binder		Port	City P	ress	.
SO	17. FATHER'S NAME (First, Middle, Last)	*			18. MOTHER'S NA				
BE (Harvey Waterfield				Nelli	e Str	eett		
0	19a INFORMANT'S NAME (Type/Print) Edward R. Waterfield S	120			nd Number or Rural F				
	200. METHOD OF DISPOSITION				ve, Pasa				
- 1	1 Suriel 2 Cremetion 3 Removal from St	eta ceme	PLACEAND DATE (her place)		1	De 3 L days		
- 8	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		edar Hi		D ADDRESS OF FAC	MI ITY	Baltimo		
3	Richard EX	laves		4001	Ritchie		e Funer , Balto		
CERTIFICATION	Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DE TO (OR AS A	ich line.	of the	colon, met				Approximate interval Between Onset and Death 5 yrs
ER	resulting in death) LAST								
PHYSICIAN: MEDICAL C	PART II. Other significant conditions contribut COPD; Verp vein 7			n the underlyin	g ceuse given in	P	MAS AN AUTOPSY ERFORMED? YES 2 000	241	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
2	DID TOBACCO USE CONTRI	BUTE TO	CAUSE OF	DEATH Y	ES NO	0			1 TES 2 AO
CIAI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITA	M ·			ACE OF DEATH (Che	eck only one)			
YS	1 YES 2 NO 1 Inpatle	nt 2 🗆 ER/Outpo			e 5 🗷 Reeldence	6 Other (Speci	fy)		
ВУ РН		ATE OF INJURY lonth, Day, Year)	28b. TIM	URY WO	URY AT PRK? YES 2 ND	28d. DESCRIBE	HOW INJURY OC	CCURED	
	3 Suicide 8 Could not be 4 Homicide determined	ACE OF INJURY illding, atc. (Speci	— Al home, larm, s	treet, factory, offic	•	281, LOCATION (City or Town	Street and Numbe , State)	er or Rurai	Route Number,
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the Date of the Dat								e) and manner se stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER ELWAYS FUNCTION	Allea	Atem	anzu	29c. LICENSE NUN	IBER	29d. DAT	TE SIGNE	D (Month, Day, Year)
임	30. NAME AND ADDRESS OF PERSON WHO COMPLETE	D CAUSE OF DEA				1		1	77
		M.D.	TURE	rosth Pu	int BIV	d., Bal	16. M	0	21224
	JUN 151994 9 50	niem Ru	hal						

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BALTIMORE, MARYLAND 21215-0020

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1	1. DECEDENT'S NAME (First, Midd	tie, Last)	AWRENCE B	EED,	RTIFICAT	E OF	DEATH		AY YE	
1	4. SOCIAL SECURITY NUMBER	5. 5	SEX 6. AG	GE (In yrs. lest be	irthday) IF UNDE	R 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	, 1992	BIRTHPLACE (State or Foreign
	220- 22-2719 90. FACILITY NAME (# not institution		M 2 🗆 F	66	YRS. MONTHS	DAYS	HOURS MIN.	(Month, Day, Year) 03/28/28	0	ARYLAND
CTOR	LEVINDALE CO	ONVELES	101	ITAL			RE CITY		NONI	
SEC.	7	COUNTY			10c. CITY, TOWN	OR LOCATIO	ON			10d. INSIDE CITY
DIRE	MARYLAND	NONE			BA	LTIM	ORE CITY			LIMITS?
AL	10e. STREET AND NUMBER					10f.	ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
ER	5101 Pimlico	o Road					21215		UNITE	O STATES
BY FUNE	11. MARITAL STATUS 1 Never Merried 2 Merri 3 Widowed 4 Divorced	hed	WAS DECEDENT EVEN FORCES? 1 X YE IF YES, GIVE WAR OF	ES 2 NO	ED 13.	If yee, spec		NIC ORIGIN? (Specify Year, Puerto Ricen, etc.) ly:		RACE — American Indian, Black, White, etc. Specify:
ED	15. DECEDEN	IT'S EDUCATIO	1946-19		DENT'S USUAL O	OCCUPATION	ч -	16b. KIND OF BU		FRICAN AMERI
ETE	(Specify only high Elementary/Secondary (0-12)	est grade comp	oleted)	(Give	kind of work done o NOT use retired.)	during most		IOD. KIND OF BO	3111233/1110031	ni
PL	1.2TH		NONE.		CRANE		AULUD AULUD	BETHLEH	EM STE	EL CO.
COMPL	17. FATHER'S NAME (First, Middle,	Last)	INCAVE:		CRANE	OPFIRE		AME (First, Middle, Maiden	Surname)	
В	ARTHUR REEL						HATTI	E ROWE		
m	19e. INFORMANT'S NAME (Type/Pi	rint)		19b. I	MAILING ADDRES	SS (Street an	d Number or Rural	Route Number, City or Tow	vn, State, Zip Cod	ie)
2	LAVERNE REED			5.	101 PIM	LICO	ROAD, B	ALTIMORE,	MARYLAN	ND 21215
	20e. METHOO OF DISPOSITION				D DATE OF DISPO		ne of	DATE 20c. LC	CATION — City	or Town, State
	X□ Buriel 2 □ Cremation 3 4 □ Donetten 5 □ Other (Spec		from State	GARRIS	on BORE	ST VE	T. CEM.	6/17/94 C	WINGS N	MILLS, MARYI
	21. SIGNATURE OF KUNERAL BEF	RVICE LICENS					ADDRESS OF FA			
	w	- 1								
	MALINA	W D	. Frais	nn	L / L/	ALVIN	B. SCR	UGGS FUNER		
-	23. PART i. Enter the disease	sea, or comp	plications that cause	OOD	V92.	ALVIN	B. SCR	UGGS FUNER	Ralto	MARYLAND 21
		sea, or comp fellure. List	only one cause or	n'aach iine.	h. Do not ente	ALVIN 412 F	B. SCR PREST le of dying, auc	UGGS FUNER	Ralto	MARYLAND 2] Approximate Interval Betw
	ahock, or heart IMMEDIATE CAUSE (Finel disease or condition	sea, or comp fellure. List	only one cause or	n'aach iine.	V92.	ALVIN 412 F	B. SCR PREST le of dying, auc	UGGS FUNER	Ralto	MARYLAND 2]
	ahock, or heart IMMEDIATE CAUSE (Finel	sea, or comp fellure. List	Res T	(RESPI	h. Do not ente	ALVIN 412 F	B. SCR PREST le of dying, auc	UGGS FUNER	Ralto	MARYLAND 2] Approximate Interval Betw
	ahock, or heart IMMEDIATE CAUSE (Finel disease or condition	sea, or comp fellure. List	Res T	n'aach iine.	h. Do not ente	ALVIN 412 F	B. SCR PREST le of dying, auc	UGGS FUNER	Ralto	MARYLAND 2] Approximate Interval Betw
ATION	ahock, or heart IMMEDIATE CAUSE (Finel disease or condition	a	ONLY ONE CAUSE OF	(RESPI	h. Do not ente	ALVIN 412 F	B. SCR PREST le of dying, auc	UGGS FUNER	Ralto	MARYLAND 2] Approximate Interval Betw
FICATION	ahock, or heart IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	a	DUE TO (OR A	RESPI	h. Do not ente RATORY ENCE OF):	ALVIN 412 F	B. SCR PREST le of dying, auc	UGGS FUNER	Ralto	MARYLAND 2] Approximate Interval Betw
RTIFI	ahock, or heart IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING	a	DUE TO (OR A	RESPI	h. Do not ente RATORY ENCE OF):	ALVIN 412 F	B. SCR PREST le of dying, auc	UGGS FUNER	Ralto	MARYLAND 2] Approximate Interval Betw
CERTIFICATION	ahock, or heart IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST	a b c d	DUE TO (OR A	S A CONSEQUE	h. Do not ente RATORY ENCE OF): ENCE OF):	ALVIN 412 F or the mod	N B. SCR E. PREST le of dying, auc	UGGS FUNER ON STREET.	Ralto	MARYLAND 2] Approximate Interval Betw
CERTIFI	ahock, or heart IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a b c d	DUE TO (OR A	S A CONSEQUE	h. Do not ente RATORY ENCE OF): ENCE OF):	ALVIN 412 F or the mod	N B. SCR E. PREST le of dying, auc	UGGS FUNER ON STREET.	Balto, iratory arrest,	MARYLAND 2] Approximate Interval Betwoen Onset and De
CERTIFI	ahock, or heart IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST	a b c d	DUE TO (OR A	S A CONSEQUE	h. Do not ente RATORY ENCE OF): ENCE OF):	ALVIN 412 For the mod FALL	B. SCR PREST le of dying, auc URE) Cause given in	UGGS FUNER ON STREET. sh as cardlec or reep	Balto, iratory arrest,	MARYI.AND 2] Approximate Interval Betw Onset and Do
MEDICAL CERTIFI	ahock, or heart IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST	a b c d	DUE TO (OR A	S A CONSEQUE	h. Do not ente RATORY ENCE OF): ENCE OF):	ALVIN 412 F or the mod	B. SCR PREST le of dying, auc URE) Cause given in	UGGS FUNER ON STREET. th as cardlec or reep	Balto, iratory arrest,	MARYI AND 2] Approximate Interval Betwood Onset and December 24b. WERE AUTOPSY FINOR AMAILABLE PRIOR TO COMPLETION OF CAUS
: MEDICAL CERTIFI	ahock, or heart IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that inflieted events resulting in death) LAST	bdonditione co	DUE TO (OR A	S A CONSEQUE	h. Do not ente RATORY ENCE OF): ENCE OF):	ALVIN 412 For the mod FALL	B. SCR PREST le of dying, auc URE) Cause given in	UGGS FUNER ON STREET. th as cardlec or reep	Balto, iratory arrest,	Approximate Interval Betwoonset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De
: MEDICAL CERTIFI	ahock, or heart IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST	bd	OUE TO (OR A	S A CONSEQUE	h. Do not ente RATORY ENCE OF): ENCE OF):	ALVIN 412 F or the mod FAIL Inderlying 28. PLA	B. SCR PREST le of dying, auc URE) Cause given in	UGGS FUNER ON STREET. th as cardlec or reep	Balto, iratory arrest,	Approximate Interval Betwood Onset and Double Onset and D
: MEDICAL CERTIFI	ahock, or heart IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in death) LAST PART II. Other algnificent conditional 25. WAS CASE REFERRED TO ME EXAMINER? 1 YES 2 340	b onditione co	DUE TO (OR A	A CONSEQUENT OF THE PROPERTY O	h. Do not ente RATORY ENCE OF: ENCE OF: OTHE	ALVIN 412 F In the mod FAIL Inderlying 28. PLA ER:	Cause given in	UGGS FUNER ON STREET. th as cardlec or reep	Balto, iratory arrest,	Approximate Interval Betwoonset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De
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31. OATE FILEO (Month, Day, Year)

JUN 15 1994

REGISTRAR'S SIGNATURE

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page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 687

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,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached the filed within 72 hours after death with the State Dept, of Health and Mental Hotiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	TO THE HOSPITAL OR ATTENDING F	TO THE FUNERAL DIRECTOR: After be filed within 72 hours after death	IMPORTANT: If Item 28 is mar

						94 1	7484
	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND		T OF HEALTH AND E OF DEATH	MENTAL HYGIENE REG. NO.		
1	1. DECEDENT'S NAME (First, Middle, Last)	011			2. DATE OF DEATH MONTH DAY	YEAR 3	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (In yrs. la	est birthday) IF UNDE MONTHS	R 1 YEAR #F UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH	a. BIRTHPL Country)	ACE (State or Foreign
OR	HAVEDO SYLTAN DICINY	er hursingt fetin	ente Bo	Y, TOWN OR LOCATION OF D	EATH	9c. COUNTY OF DEA	тн
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		10c. CITY, TOWN			1	od. INSIDE CITY LIMITS?
	Maryland		Ba	1timore		1	☐KYES 2 ☐ NO
RAI	100. STREET AND NUMBER 1022 N. Apple	ton Street		101. ZIP CODE 2.1.2.1	7	10g. CITIZEN OF WHA	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S. A	RMED 13.	WAS DECENDENT OF HISPA		US.	A American Indian, White, etc.
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 TYES 2 TO IF YES, GIVE WAR OR DATES	INO	If yes, specify Cuben, Mexic 1 YES 2 NO Speci		Specify:	Black
	16. DECEDENT'S EDUC (Specify only highest grade of		ECEDENT'S USUAL C	OCCUPATION during most of working	16b. KIND OF BUSI	NESS/INDUSTRY	DIACK
LEI	Elementary/Secondary (0-12)	College (1-4 or 5+)	e. Do NOT use retired.) Unkno		Olin	Corpora	tion
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		Olikilo		AME (First, Middle, Meiden S	iumeme)	
BE C	William Richa			Jani	e		
TO E	190. INFORMANT'S NAME (Type/Print) Louis Richards	son	803 Joy	S (Street end Number or Aural OUS Way, M	Route Number, City or Town, Ioncks Cor	state, Zip Code) ner, SC	29461
П	20e. METHOD OF DISPOSITION 1 DXBurlel 2 Cremation 3 Remo	rval from State cemetary, cr	AND DATE OF DISPO)		ATION — City or Town	
	4 Donation 5 Other (Specify)	ENSES , Wes	tern St.	ar Cemeter	y616 Cat	onsvill	e, MD
	Melou	() West		EROY O. DY			
	23. PART LEmber the diseases, or conshock, or heart fallers. L	omplications that covered the dilet only one cause on each lin	eath Do not ente	r the mode of dying, such	ch as cardiac or reeping	atory arrest,	Approximata
	IMMEDIATE CAUSE (Final disease or condition	Cerebrovene		cadant			Onset and Death
	resulting in death)	DUE TO (OR AS A CONSE		ic c villeux i			Wes Ks
NOI	Sequentially list conditions,	DUE TO (OR AS A CONSE	EOUENCE OF):				
CAT	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury						
ERTIFICATION	that initiated events resulting in death) LAST	DUE TO (OR AS A CONSE	EOUENCE OF):				
ū	PASTY II Only a shaddle and an altitude	,				Toward Toward	1
CAL	PART II. Other algorificant conditions	contributing to deeth but not	resulting in the u	ndariying cause given ir	PERFORM	AED?	PERE AUTOPSY FINDINGS MAILABLE PRIOR TO OMPLETION OF CAUSE
MED	Congestive Heart	+ Fallune			1 🗆 YES 2		F DEATH?
N.	Denutia						
SICI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outpatient	3 DOM A NOW				
PHYSICIAN: MEDICAL	27. MANNER OF DEATH 1 Netural 5 Pending	200. DATE OF INJURY (Month, Day, Year)	20b. TIME OF	28c. INJURY AT WORK?	28d. DESCRIBE HOW IN.	JURY OCCURED	
D BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At h building, etc. (Specify)	oome, farm, street, fac	1 YES 2 NO	28t. LOCATION (Street en City or Town, State)	nd Number or Rural Rou	rte Number,
LETE	200 CERTIFIER . I		• 11 -	Anna Calling and Anna Calling and Anna Calling and Anna Calling and Anna Calling and Anna Calling and Anna Cal			
COMPLET	(Check only	CIAN: To the best of my knowledge, d 1: On the beele of examination end/or					ind manner se stated,
ш	996. SIGNATURE AND TITLE OF CERTIFIER			29c, LICENSE NU	MBER	29d. DATE SIGNED (A	
TO B	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CALLSE OF DEATH ST	EM 97) (Sine Duled)	0386	25	► 6 III	94

	MEDICAL EXAMINER:	On the beele of	examination end/or i	investigation, in my	opinion, death	occured at the tim	ne, data and place	end due to the	cause(s) and manne	/ ne stated

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SATISFACIAN TANGGARANI AND AND AND AND AND AND AND AND AND AND	The state of the s	
96. SIGNATURE AND TITLE OF CERTIFIER	29c. LICENSE NUMBER	29d. DATE SIGNED (Month, Day, Year)
(00)	0.0013	6/11/100

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

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MESHULLM 1147 S HANDUES	

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	4: The law requires that the death cartificate be executed with! Ours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to buriat, cremation, or removal.	is in by the funeral director, page 5 should be detacthed for use as the burial-transit permit. Pages 1, 2, 3 should or removal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	registrar CERTIFICATE OF DEATH REG. NO.							
OR	1. OECEDENTIS HAME (Fyst, Middle, Last) Adeline Rico			2.	DATE OF DEATH	94	YEAR 3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 5. SEX M 2 DF 8. AGE (II)	- "	UNDER 1 YEAR	HOURS MIN.	DATE OF BIRTH (Month, Day, Year)	-	8. BIRTHPLACE (State or Foreign Country) Marvland	
	9a. FACILITY NAME (If not institution, give street and number) of Balt, Balt, more generally so country of DEATH							
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY							
COMPLETED BY FUNERAL DIR				timore		LIMITS?		
	10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY?							
	600 Light Street Apt 716 21230 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yea or No. 14. RACE — American Indian,							
	1 Never Married 2 Married 3 X Wildowed 4 Divorced FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES			If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 YES 2 NO Specify:		a or No- 14. RACE — American Indian, Black, White, alc. Specify: Bl.ack		
	(Specify only highest grade completed)	JAL OCCUPATIO						
	College (1-4 of 5 +)						te Family	
	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NAME (First, Middle, Maiden Surname)				
8	Ernest Iverson 198. INFORMANT'S NAME (Type/Print) 199. MAII ING ADD			Daisy Spence RESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)				
유	Total Million Market			seedale Street Baltimore, Ma			71716	
	20a. METHOD OF DISPOSITION XXBurial 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of camplany or what place)				OATE 20c. LO	CATION — C	City or Town, State	
	4 Donation 5 Other (Specify) Arbutus Memorial Park 6/16 Baltmore County, MD							
	Herbert E. hutter 2501 Gwynns Falls Parkway Baltimore, Maryland 21216						al Homes, Inc	
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, abock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):							
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated avanta reaulting in death) LAST b. OUE TO (OR AS A CONSEQUENCE OF): c. OUE TO (OR AS A CONSEQUENCE OF): d							
						AUTOPSY	24b. WERE AUTOPSY FINDINGS AMULABLE PRIOR TO	
EDICAL	coronary artery diseage				_ 1 _ YES 2		COMPLETION OF CAUSE OF DEATH?	
Σ	anental 1 yes 2 no							
BY PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one)							
	1 VES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)							
	27. MANNER OF CEATH 1 Netural 5 Pending 2 Accident Investigation 28a. OATE OF INJURY AT WORK? 1 YES 2 NO 28b. TIME OF INJURY AT WORK? 1 YES 2 NO							
	3 Suicide 6 Could not be 4 Homicide Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, aic. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Yown, Stafe)							
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.							
BE	29b. SIGNATURE AND TITLE OFFICERTIEJER 29c. LICENSE NUMBER 29d. OATE SIGNEO (Month, Day, Year) 00/12/94							
10	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Michael To Pulky MD							
	JUN 15 1994	really				_	A=	

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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle Last 2. DATE OF DEATH 3. TIME OF DEATH VEAR :300 4. SOCIAL SECURITY NUMBER A. AGE (In yrs. 5. SEX IF UNDER 1 YEAR | IF UNDER 24 HRS 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign DAYS 1 | M 2 | VF 9 for use as the burial-transit permit. Pages 1, 2, 3 should 9c. COUNTY OF DEATH 9e. FACILITY 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR 2011 HARLEM AVE BALTIMORE 10a STATE 10b. COUNTY 10c, CITY, TOWN OR LOCATION MD BALTIMORE BALTIMORE 1- YES 2 | NO FUNERAL 10a STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE 2011 HARLEM AVE. 21217 ,S.A 24 Hours after death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EYER IN U.S. ARMED FORCES? 1 ☐ YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or Noif yes, specify Cuban, Mexicen, Puerto Rican, atc.)
 U YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Merried BY 3 Widowed 4 Divorced BLACK COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INOUSTRY Elementary/Secondary (0-12) College (1-4 or 5 +) ACME PAD COMP. detached 10TH PAD SHAPER 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumame) 2 F WILLIE HEBB ELLA REED BE notified a 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 0 DANIEL ROSS HARLEM AVE. BALTIMORE, 2011 MD. Pe 20e. METHOD OF DISPOSITION
1 N Burlel 2 □ Cremation 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State must funeral director, 4 Donation 5 Other (Specify) NATIONAL AL MEM PK 6/ 6/13/04 LAUREL MD examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE NUTTER FUNERAL HOME 21216 Jam ð 2501 GWYNNS FALLS PKWAY the or removal. event, the medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, shock, or been failure. List only one ceuse on each line. attending physician and completely filled in by intel Hygiene prior to burial, cremation, or remo Approximate Interval Between Onset and Death IMMEDIATE CAUSE (Finel disease or condition EA HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burfal, cremati resulting in death) traumatic CERTIFICATION Sequentially list conditions, if any, leading to immediate 12105CL=805K cause. Enter UNDERLYING CAUSE (Disease or injury injury, or other thet initieted events resulting in death) LAST 01 PART II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE 23 shows any 1 - YES 2 - NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF OEATH (Check only one, OTHER 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 5 Reside 6 27. MANNEA OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Natural BY 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, 1erm, atreet, factory, office building, atc. (Specify) 99 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be item 28 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the ceuse(s) end manner as atsted. IMPORTANT: If 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(s) and manner ea stated. (Yoge) 296. SIGNATURE-AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day.) BE THE FIRE 104 W 24(0) KIN ALLI))WY 9 2 3 2 WHO COMPLETED CAUSE OF OEATH (ITEM 27) (Type, Print) m Com 100 mr ALVU Wy, 21223 PULL JUN 15 1994 32, REGISTRAR'S SIGNATURE

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within chours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, of refine.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical assuminer must be notified at once. **BALTIMORE, MARYLAND 21215-0020**

DIVISION OF VITAL RECORDS, P.O. BOX 68760

		FOR
1	•	STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFI	CATE OF	DEATH	REG. NO	D.			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH			. TIME OF DEATH	
	Marie Evelyn Schul	theis.					2 C	₹¥	a 10 Pm	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AG	E (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		6. BIRTHPL	ACE (State or Foreign	
	213 22 0000	I □ M 2 🔀 F	67 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) 11/28/26		Country)	land	
Œ	9a. FACILITY NAME (If not institution, give stree Stella Maris Hospi	· ·		96. CITY, TOWN O	R LOCATION OF DE	EATH		imore		
DIRECTOR	RESIDENCE OF DECEDENT	ce					Daic	LIIOLC		
H	10e. STATE 10b. COUNTY			TOWN OR LOCAT	ION			10	Dd. INSIDE CITY	
	MD Balti	more	La	nsdowne				1	LIMITS?	
FUNERAL	100. STREET AND NUMBER 29 Carling Circle				21227		-	S.A.	AT COUNTRY?	
	1 Never Married 2 Married	2. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 NO	If yes, sp	ENDENT OF HISPAN ecify Cuban, Maxica 2 X NO Specify	IIC ORIGIN? (Specify Yon, Puerlo Ricen, etc.)	s or No-	14. RACE — Black, V Specify:	- American Indian, White, alc.	
D BY	3 Widowed 4 Divorced							Hillow	white	
	15. DECEDENT'S EDUCAT (Specify only highest grade co.	mpleted)	16a. DECEDENT'S ((Give kind of w life. Do NOT use	ork done durina ma	IN st of working	16b. KIND OF BI	ISINESS/IND	USTRY		
COMPLETED	Elementary/Secondary (0-12) 12	College (1-4 or 5+)	Document		l Clerk	Retail	Sales	3		
	17. FATHER'S NAME (First, Middle, Last) Louis Hoehl, Sr.				18. MOTHER'S NA	ME (First, Middle, Maide	Sumame)			
BE	19a, INFORMANT'S NAME (Type/Print)		10h MAILING	ADDRESS (Standard		Route Number, City or To	0			
임	E.K. Schultheis, J	ſr.				en Burnie,				
	20a. METHOD OF OISPOSITION 1 X Burlel 2 Cremation 3 Remove	al from Slavia	Ob. PLACE AND DATE O	F DISPOSITION (Na	me of	OATE 20c. L	OCATION	City or Town	, Steta	
	4 Donallon 5 Other (Specify)		oudon Par	k Cemet	ery	6/16 Bal	timor	ce, Ma	aryland	
	21, around the of Forenac service tices	A -		22. NAME AF	ID ADDRESS OF FA	Ambrose	F.H.	of I	ansdowne	
			ers	2719	Hammonds	Fry.Rd. I	Lansdo	wne,	MD 21227	
	23. PART i. Enter the diseeses, or cor ahock, or heart fellura. Lis	nplications that cause it only one cause on	ed tha death. Do no eech iina.	ot antar the mo	de of dying, auci	h as cardiac or rea	piratory err	eat,	Approximata Intervel Between	
	IMMEDIATE CAUSE (Final disease or condition resulting in death) a. SMALL CELL LUNG CANCER 7 mos									
	DUE TO (OR AS A CONSEQUENCE OF):									
NO NO	Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	if any, laeding to immedieta cause. Enter UNDERLYING	002 10 (011 20	A CONSEQUENCE OF							
Ĕ	CAUSE (Disease or injury that initiated events	DUE TO (OR AS	A CONSEQUENCE OF	:						
E	reaulting in death) LAST									
	PART II. Other aignificant conditions	contributing to death	but not resulting in	the underlying	cause given in	Part i. 24a. WAS A		24b. W	ERE AUTOPSY FINDINGS	
DICAL						PERFO	RMED?	a	MILABLE PRIOR TO DMPLETION OF CAUSE	
ш									F DEATH?	
PHYSICIAN: M	DID TOBACCO USE CO	INTRIBUTE TO	CAUSE OF	DEATH Y	ES X NO					
흐	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:		28. PL OTHER:	ACE OF DEATH (Che	eck only one)				
IYS	1 VES 2 NO 1	Inpetient 2 ER/O	stpetient 3 DOA	4 - Nursing Hom		6 Dother (Specify)	Hosp			
	1 Natural 5 Pending	(Month, Day, Year,	Y 26b. TIME	IRY WO	URY AT RK? 'ES 2 NO	26d. DESCRIBE HOW	INJURY OCC	CURED		
ЭВУ	2 Accident Investigation 3 Suicide 6 Could not be	28s. PLACE OF INJUI	RY — At home, ferm, st			261. LOCATION (Street	and Number	or Rural Rou	te Number,	
ET.	4 Homicide determined	building, atc. (Sp	эвспу)			City or Town, State)			
COMPLET	29a. CERTIFIER 1 CERTIFYING PHYSICIA	N: To the best of my kno	owledge, death occurred	d at the time, data	and place, and due	to the cause(s) and m	inner as atat-	ed.		
Š	one) 2 MEDICAL EXAMINER:	On the basis of exeminat	ion and/or investigation	, in my opinion, d	eath occured at the	time, data and placa, a	nd dua to th	a cause(s) a	nd manner as stated.	
BEC	29b. SIGNATURE AND TITLE OF CERTIFIER	0.1			29G LICENSE NUN	IBER	29d. DATE	E SIGNED (M	fonth, Day, Year)	
2	Kendall 2fr	zulkner	MD		<i>₽</i> 35	643	1	/13	194	
	30. NAME AND ADDRESS OF PERSON WHO O		DEATH (ITEM 27) (Type, 100) Dulaney		Road, To	owson, Mar	yland	212	204	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG		- 4						
	JUN 151994	Indian in								



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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

an. ransit permit, Pages 1, 2, 3 should TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within, a fours after death. Page 6 may be retained by the hoss TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 5 should be detache to filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE OF I	MARYLAND / DEP CERT	PARTMENT OF H		MENTAL HYGIEN	-7					
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF GEATH		3. TIME OF OEATH				
4	THOMAS		SCOTT		JUNE 3,	1994	4:45 PM				
	4. SOCIAL SECURITY NUMBER 5. SEX 1 M 2 F	8. AGE (In yrs. lest birthd	(ay) IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		HPLACE (State or Foreign				
	9s. FACILITY NAME (If not institution, give street and number)		9b. CITY, TOWN (R LOCATION OF DE	ATH	9c. COUNTY OF	DEATH				
DIRECTOR	1020 EAST BIDDLE STE	1020 EAST BIDDLE STREET BALTIMORE na									
Ä	10a. STATE 10b. COUNTY	10c.	CITY, TOWN OR LOCAT	ION			10d. INSIDE CITY				
	Maryland na		Balt	imore			1 YES 2 NO				
AL	10e. STREET AND NUMBER		101	. ZIP CODE	-	10g. CITIZEN OF	WHAT COUNTRY?				
H I	1020 E. Biddle St	reet									
BY FUNERAL	1 Never Married 2 Married FORCES? 1	NT EVER IN U.S. ARMED I YES 2 NO MAR OR DATES	If yes, sp		HC ORIGIN? (Specify Yes n, Puerto Rican, atc.)	Blac	E — American Indian, ck, White, etc. c//y:Black				
	15. OECEDENT'S EDUCATION	16a, DECEDER	IT'S USUAL OCCUPATION	DN .	16h KIND OF BUI	SINESS/INDUSTRY					
LETE	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5	(Give kind	of work done during ma of use retired.)		Too. Kind of Bo.	SINESS/INDOS(IN)					
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NA	ME (First, Middle, Maiden	Surname)					
TO BE	19a. INFORMANT'S NAME (Type/Print)	19b. MAII	LING ADDRESS (Street a	nd Number or Rural I	Route Number, City or Tow	n, State, Zip Code)					
	20a. METHOD OF DISPOSITION 1	and an extension of the same o	ATEOF DISPOSITION (Na or other place)	me of	DATE 20c. LO	CATION — City or T	own, Stata				
	M. BIGHATURE OF FUNERAL SERVICE LICENSEED On a	ld Wade D	ir 22. NAME A	ID ADDRESS OF FA	CILITY State	Anatom	r Poond				
	Jones Millell	1	6551	V.Balti	moreSt,Ba	alto,MD	21201				
LION	23. ART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, abook, or heart failure. List only one cause on each line. Approximate interval Between Oneat and Death disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	cause. Entar UNDERLYING CAUSE (Disease or Injury	CAUSE (Disease or Injury that Initiated events DUE TO (OR AS A CONSEQUENCE OF):									
MEDICAL C	PART ii. Other algnificant conditions contributing to	daath but not rasulti	ng in the undarlyin	g cause given in	Part i. 24a. WAS AN PERFOR	RMED?	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DATH?				
	DID TOBACCO USE CONTRIBUTE	TO CAUSE C	OF DEATH Y	ES NO			1 YES 2 NO				
A	25. WAS CASE REFERRED TO MEDICAL		26. PI	ACE OF DEATH (Ch	eck only one)						
SIC	EXAMINER? 1 X YES 2 NO 1 Inpetient 2	☐ ER/Outpatient 3 ☐ DO	OTHER:	e 5 😿 Residence							
BY PHYSICIAN:	27. MANNER OF OEATH 28s. DATE OF (Month, E	F INJURY 26b.	TIME OF 26c. INJ	-11	28d. OESCRIBE HOW I	NJURY OCCURED					
요	3 Suicida 26e. PLACE C	2 Accident 3 Suicida 6 Could not be 26e. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 26f. DCATION (Street and Number or Rural Route Number, City or Team State)									
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of a XI X MEDICAL EXAMINER: On the basis of a										
8	A		,,, op-mon, o								
TO BE	296. SIGNATURE AND TITLE OF CENTIFICE			O.C.M	125	DATE SHOWER	E 4. 1994				
	ANN DIXON M.D.	111 Pe	11.	et. Bal	timore.	Marylan	d 21201				
	SUN 15 1994 Sulva dies	CLON KONTALL									

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FOR STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH 6-4 Reginald -94AR 3. TIME OF DEATH Smith Resimald 104 mith 6 4. SOCIAL SECURITY NUMBER B. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year, IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign HOURS 02 M 2 | F 223 71 5843 12/28 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Mercy Medical
RESIDENCE OF DECEDENT Hmicre Pages 1, 2, 3 Center 10b. COUNTY 10a, STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland na Baltimore 1 YES 2 NO permit. FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? LastKnown: 410 W. Franklin 2 B burial-transit Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-BALTIMORE, MARYLAND 21215-0020 14. RACE — American Indian, Black, White, atc. If yes, specify Cuban, Maxican, Puarlo Rican,

1 YES 2 NO Specify: 1 Never Married 2 Married IF YES, GIVE WAR OR DATES Specify: BY 3 Widowed 4 Divorced use as the 16a. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EOUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY detached for Elementary/Secondary (0-12) College (1-4 or 5+) Once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) funeral director, page 5 should be at o BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 pe 20a. METHOD OF DISPOSITION 20h Pi ACE AND DATE OF DISPOSITION /Name of DATE 20c. LOCATION - City or Town, Stata must t

Burial 2

Cremation 3

Removal from State 4 □ Donation 5 □ Other (Specify) in State removal n SIGNATURE OF FUR PAL SERVICE LICENSEE ROMald Wade, Dir examiner 22. NAME AND ADDRESS OF FACILITY tate Anatomy Board ours after death. 655W.BaltimoreSt,Balto,MD21201 the f medicai 23. BART i. Enter the diseasea, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, in by ahock, or heart failure. List only one cause on each line. interval Between Onset and Death MMEDIATE CAUSE (Final to burial, cremation, of the disease or condition OUE TO (OR AS A CONSEQUENCE OF): event, 1 resulting in death) DIVISION OF VITAL RECORDS, P.O. BOX 68760 the death certificate be executed with LIVER OUSE SE DUE TO (OR AS A CONSEQUENCE OF): traumatic CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury 2 the attending physician Mental Hygiene prior to alcoholsm other DUE TO (OR AS A CONSEQUENCE OF); that initiated events reauiting in death) LAST 6 PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? and and PERFORMED? апу signed lealth a 1 TYES 2 NO has been signe better of Health m 23 shows a 1 YES 2 NO PHYSICIAN: OR ATTENDING PHYSICIAN: The law 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) this certificate h HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DDA OTHER: 1 YES 2 NO 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 0 27. MANNER OF DEATH 28n. OATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. OEȘCRIBE HOW INJURY OCCUREO marked, 1 Natural 5 Pending Investigation 1 YES 2 NO BY After death 2 Accident 3 Sulcide 28s. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 28t. LOCATION (Street and Number or Rural Route Number, DIRECTOR: A hours after de litem 28 is 99 COMPLETED 8 Could not be determined 4 Homicide Nem 29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as atsted. TO THE FUNERAL D
TO THE FUNERAL D
DE filed within 72 he
IMPORTANT: If IN 2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and menner as stated, 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) BE HD, PhD 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 2 RICHARD MERCY MEDICAL CENTER

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

31. DATE FILED (Month, Day, Year)

1994

32 REGISTRAR'S SIGNATURE be Studeer Kardell

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DIVISION OF VITAL RECORDS,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the state death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM	ENT OF HEALTH AND I	MENTAL HYGIENE REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH			
	James Richard Smi	th			June 8. 1994 YEAR 9:45 1					
	4. SOCIAL SECURITY NUMBER	SOCIAL SECURITY NUMBER 5 SEX R AGE (In use last highdray) IE INDER 1 VEAR IE INDER 14 UND 7 DATE O								
	423-30-8595 9a. FACILITY NAME (If not institution, give st	1 XM 2 F	66 YRS. MON		Dec. 8, 192		bama			
Œ	939 Nichols Drive		96.	CITY, TOWN OR LOCATION OF DI	EAIH	D. COUNTY OF I				
6	RESIDENCE OF DECEDENT			Laurel		Prince	e George			
R	10a. STATE 10b. COUNTY	r	10c. CITY, TO	WN OR LOCATION			10d. INSIDE CITY LIMITS?			
۵		ince George		Laurel			1 X YES 2 NO			
₹N	10e. STREET AND NUMBER			10f. ZIP CODE	.1	log. CITIZEN OF	WHAT COUNTRY?			
FUNERAL DIRECTOR	939 Nichols Drive			20707		USA				
5	11. MARITAL STATUS 1 Never Married 2 W Married	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	13. WAS DECENDENT OF HISPAI If yes, specify Cuban, Maxica			E — American Indian, ck, Whita, atc.			
B⊀	3 Widowed 4 Divorced	7-29-45 7	ES	1 TYES 2 NO Specif	y:	Spec	White			
	15. DECEDENT'S EDUC	CATION	16a. DECEDENT'S USU	AL OCCUPATION	16b. KIND OF BUSIN	ESS/INOUSTRY	WILLE			
	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work of life. Do NOT use ret	done during most of working red.)	D 20 SOC 16-240					
린	12	0	Motor P	Pool.	US A	mu				
COMPLETED	17, FATHER'S NAME (First, Middle, Last)				ME (First, Middle, Maiden Su					
BE	Burie Smith			Erae Pa	rker					
ဥ	19e, INFORMANT'S NAME (Type/Print)			RESS (Street and Number or Rural						
-	Margie Smith			hols Drive, La						
	20a. METHOD OF DISPOSITION 1,		PLACE AND DATE OF DI tery, cremetory or other of U.Y. H.L.L. C.E.		4	TION — City or T				
	21. SHONATURE OF FUNERAL SERVING CO.		y fill ce	METERY 22. NAME AND ADDRESS OF FA	6/11 Laur	iel, Mar	ryland			
-	1/ Das	od low	//	7601 Sandy Sp	oring Pand	uneral	Home, Inc.			
_	1/ gull	concerge	St.				, MD 20707			
_	23. PART I. Enter the diseases, of complications the caused the peach. Do not enter the mode of dying, such as cardiec or raspiratory arrest, entervail Between Onset and Deeth disease or condition resulting in death) Sequentially list conditions, figure 10 (OR AS A CONSEQUENCE OF): Sequentially list conditions, our TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evente resulting in deeth) LAST	Cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evente DUE TO (OR AS A CONSEQUENCE OF):								
¥	PART II. Other significent condition	s contributing to deeth bu	t not reculting in th	e underlying cause given in	Part I. 24a. WAS AN AU PERFORME		b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO			
PHYSICIAN: MEDIC					1 TES 2] NO	DF OEATH?			
Σ	DID TOBACCO USE	CONTRIBILITE TO	CALISE OF I	DEATH YES XI NO			1 YES 2 NO			
AN	25. WAS CASE REFERRED TO MEDICAL	CONTINUOUS TO	CAUGE OF E	28. PLACE OF DEATH (Ch						
Sic	EXAMINER? 1 TYES 2 TRINO	HOSPITAL: 1 Inpetiant 2 ER/Outpe		HER: Nursing Home 5 Realdence						
Η̈́	27. MANNER OF DEATH	28a. DATE OF INJURY	26b. TIME OF	28c. INJURY AT	26d. DESCRIBE HOW INJU	URY OCCURED				
	1 Natural 5 Pending trivestigation	(Month, Day, Year)	INJURY	M 1 YES 2 NO						
D BY	2 Accident threetigation 3 Suictde 8 Could not be	28a. PLACE OF INJURY - building, atc. (Specif	- At home, term, street	, tactory, office	261, LOCATION (Street and	Number or Rural	Route Number,			
COMPLETED	4 Homicide determined	bonding, att. (opecin	,,		City or Town, State)					
2	29a. CERTIFIER (Check only	CIAN: To the best of my knowle	dge, death occurred at	the time, date and place, end due	to the cause(a) and manne	er as stated.				
OM	anal .	R: On the beals of examination	and/or investigation, in	my opinion, death occured at the	time, data and place, and d	fue to the cause	a) and manner as stated.			
	291 STONATORE AND TITLE OF CERTIFIER	· A		29c. LICENSE NUI	MBER 2	9d. DATE SIGNE	O (Month, Day, Year)			
O BE	(william)	182		D 44085	-MD.	> June	10,1994			
임	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUSE OF DEA								
	WILLIAM K. HIRUTA		KACH	FT. MEADE,	m0					
	31. DATE FUNDING DOV. 181994	32 ABGISTRAS S SIGNA	- Should							

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ATT	ECTO	rs aft	n 28
OR.	DIR	hou	Iten
PITAL	ERAL	2 0	T. If
HOS	FUN	with	TAN
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with whom's after death. Page 6 may be retained by the hospital or atte	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use a	Filed	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
2	2	pe	Ξ

_	FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
	REGISTRAR	CERTIFICATE OF DEATH	REG. NO.
_			

	1 - STATE REGISTRAR	STATE OF M			ITMENT ICATE				MENT	AL HYGIEN REG. NO	-		
	1. DECEDENT'S NAME (First, Middle, Last)	_				-		•	2. DA	TE OF DEATH			. TIME OF OEATH
	WILLIAM	BARTLEY	Y	STEV	VART				IT.		3	YEAR	1:05 PM
	4. SOCIAL SECURITY NUMBER		6. AGE (In yrs. la:		day) IF UNDER 1 YEAR IF UNDER 24 HRS.			2 DATE OF BIRTH				ACE (State or Foreign	
	219 16 5542	1 🔯 M 2 🗆 F	1 ☑ M 2 □ F 69		MONTHS	DAYS I	HOURS	MIN.	(Mo	2/22/19	25	Country)	Carolina
	9e. FACILITY NAME (If not institution, give s	treet and number)			9b. CITY.	TOWN OR	LOCATIO	ON OF DE		1/22/13		INTY OF DEA	
Œ													
DIRECTOR	4709 PENNINGTON AVENUE				B <i>E</i>	ALTI	MOR	E.			<u> </u>		
Ë	10a. STATE 10b. COUNTY		7.5	Y, TOWN O		N					1	0d. INSIDE CITY LIMITS?	
	Maryland ===		Ba	altim	ore						1	YES 2 NO	
₹I	10e. STREET AND NUMBER					10f. Z	IP CODE				10g. CIT	TIZEN OF WH	AT COUNTRY?
<u> </u>	4709 Penningtor	Avenue					212	26			1	U.S.A.	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT FORCES? 1			13. W	AS DECEN	NDENT O	F HISPAN	NIC ORIC	GIN? (Specify Ye o Rican, atc.)	or No-	14. RACE -	- American Indian, White, atc.
8	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WA	R OR DATES			YES 2				o riican, atc.)		Specify:	
		World Wa											White
Ш	15. DECEDENT'S EDU (Specify only highest grade	completed)	(G	ECEDENT'S live kind of a Do NOT us	USUAL OC	CUPATION uring most	of working	g	1	8b. KIND OF BU	SINESS/IN	DUSTRY	
ן ב	Elamentary/Secondary (0-12)	College (1-4 or 5+)								Chiny	2 24		- 1
COMPLETED	10th Grade 17. FATHER'S NAME (First, Middle, Last)		R	igge						Shipy			
		Villiam B	Storm	rt Ci	_		16. MOTH			, Middle, Maiden			
8		VIIII D							riar				
2	19a. INFORMANT'S NAME (Type/Print)		1							mber, City or Tow			1 2 21 226
	Stephella Garla	and			Penni			venu	-				land 21226
	1 -Buriel 2 Cremation 3 Rem	oval from State	cametary, cre	ematory or o	ther plecei	,			1			City or Town	
	4 ☐ Donation 5 ☐ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC	PENCEE	Ma.	State	vet	erans			-	/16 Cr	owns	ville	Maryland
	16/ 2			1.						Funera:	L Hon	ne P.A	
Ų,	Jonna M	Frame	rous	hi		_				. Balt			
RTIFICATION	ahock, or haart fallen. Dist only one cause on each line. Interval Batween Onset and Death Interval Batween Onset and Death Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of):												
	that initiated events resulting in death) LAST				,								İ
		d											
MEDICAL	PART II. Other significant condition	STRUCTU			In the unc				Part I.	24a. WAS AN PERFOI 1 TYES 2	RMED?	A C	VERE AUTOPSY FINDINGS VAILABLE PRIOR TO OMPLETION DF CAUSE F DEATH? YES 2 NO
	DID TOBACCO USE C	ONTRIBUTE	TO CAUS	SE OF	DEATH	1 YES	SIT	NO					0.10
₹	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					26. PLAC	CE OF DE	EATH (Ch	eck only	one)			
HYSICIAN:	1 X YES 2 NO	HOSPITAL:	ER/Outpetient 3	□ DOA	OTHER		5 X Ras	ildence	8 🗆 Oti	her (Specify)			
E	27. MANNER OF GEATH	28a. OATE OF III (Month, Day		28b. TIM		28c. INJUR	RY AT			ESCRIBE HOW	NJURY OC	CUREO	
2	1 Natural 5 Pending 2 Accident Investigation	(110.11), 009	. 1007)	1144	М		S 2 [NO					
	3 Suicide 8 Could not be	26a. PLACE OF building, at	INJURY — At he	ome, tarm,	etraet, tecto	ry, offica				OCATION (Street ty or Town, State		or Rural Rou	ite Number,
<u>"</u>	4 Homicide determined		(0,000,00)						C.	ty or lown, state,			
ן ב	29a. CERTIFIER (Check only t CERTIFYING PHYSI	CIAN: To the beat of m	w knowledge, de	ath occurr	ed at the tin	ne, deta ar	nd place.	and due	to the c	euse(s) and me	nner ee ete	tad	
COMPLETED	one) 2 XMEDICAL EXAMINE												nd manner as stated.
- 11	THE SHENATURE AND TITLE OF CENTREE		_				29c. LICE						ALTERNATION OF THE PARTY OF THE
H N	Mun 1991	Vala.	. 1			Ι,					•		fonth, Day, Year)
2 ∥	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE	OF DEATH ATE	M 2D (hine	Privat		0.1	C.M	<u>.Е.</u>		JU	INE 1	4.1994
	MARIO # BOILLE	TRYLIT	7					_					
	31. DATE FILED (Morith, Day, Year)	32. REGISTRAR	111	Pen	n_St	ree	t.	Bal	tim	ore.	Mary	land	21201
	JUN 151994	1											
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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR		CERTIF	ICATE (OF DEATH	REG. NO			
		1. DECEDENT'S NAME (First, Middle, Last)	4 ANNETTE M	ARIE S	IGLER		2. DATE OF DEATH MONTH D			
		UNKNOWN 94-104		In yrs. last birthday)		AR IF UNDER 24 HRS.	JUNE 1	2 199	4 7:46 PM	
Plu		218-86-9370	1 M 2x F 2		MONTHS DA	YS HOURS MIN.	AUG • 14, 1	966 MÃ	RYLAND	
3 should	QC.	90. FACILITY NAME (If not institution, give str 905 STONEGATE				WN OR LOCATION OF DE	EATH	9c. COUNTY OF		
2,	000	RESIDENCE OF DECEDENT	рглл		ELK	TON		CECI	L	
permit. Pages 1,	DIRE	10e. STATE 10b. COUNTY		10c. CIT	TY, TOWN OR L				10d. INSIDE CITY LIMITS?	
Ĭ.	AL D	MD . (ECIL		ELK	TON 10f, ZIP CODE		Las- OUTITEN O	1 TYES 2 X NO	
nsit	FUNERA	905 STONEGATE				219		U.	S.A.	
be detached for use as the burial-transit at once.	B	11. MARITAL STATUS XX Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes	DECENDENT OF HISPAN e, specify Cuben, Mexice YES 2X NO Specify	n, Puerto Ricen, atc.)	BI	ACE — American Indian, ack, White, etc.	
use as	TED	15. DECEDENT'S EDUC (Specify only highest grade of		16a. DECEDENT'S	work done durin	PATION g most of working	18b. KIND OF BUS	SINESS/INDUSTRY	,	
detached for use as the once.	COMPLET	Elementary/Secondary (0-12) 12 YRS	College (1-4 or 5+)	TECHN	ise retired.) ICIAN	Ι	ME	D •		
be detach	_	17. FATHER'S NAME (First, Middle, Last) ROBERT W. SIG	LER				ME (First, Middle, Meiden RETTA A.			
5 should notified	TO BE	19e. INFORMANT'S NAME (Type/Print) ROBERT W.SIGLE	ER			YNE BAY			,MD.21220	
by the funeral director, page moval.		20e. METHOD OF DISPOSITION 1 ☐ Burlel 2X Cremellon 3 ☐ Remo 4 ☐ Donation 5 ☐ Other (Specify)	val from State Cem	PLACE AND DATE	OF DISPOSITIO	N (Name of		CATION — City or	Town, State	
funeral director, xaminer must		21. SIGNATURE OF FUNERAL SERVICE LICE		DEDUTA	22. NAM	E AND ADDRESS OF FA				
the funeral dir oval.		+ Edwar W. Pe	EDISON M.)083					ME INC. NDALK,MD.	
pletely filled in t cremation, or re-		23. PART i. Enter the diseases, or conshock, or heert feliure. I. IMMEDIATE CAUSE (Final disease or condition resulting in death)	omplications that ceused list only one cause on each of the course on the cause on the cause on the cause on the cause on the cause on the cause of	t gun	ه له	moda of dying, suc	has cardiac or reapi	iretory arrest,	Approximate interval Between Onset end Death	
ending physician and co I Hygiene prior to buria or other traumatic	CERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated avents resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE DF):								
ed by the att th and Menta any Injury,	- 11	PART II. Other significent conditions	contributing to death be	ut not resulting	in the under	lying cause given in			44b. WERE AUTOPSY FINDINGS	
State Dept. of Health and Item 23 shows any in	MEDICAL	DID TODA GOO LIST O					PERFOR	Charles and the second	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 \(\triangle \) NO	
Dept.	SICIAN:	DID TOBACCO USE C	ONIKIBULE 10	CAUSE OF		YES NO				
State State	SIC	EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Oulp	atlent 3 DOA	OTHER:	Home 5 Realdence				
frer this certificate eath with the State marked, or Item	/ PHY	27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	26b. TIR	AE OF 28c	NUTURY AT WORK?	28d. DESCRIPE HOW I	NJURY OCCURED	4	
4 D 00	ED B	2 Accident Investigation 3 Suicide 6 Could not be determined	26e. PLACE OF INJURY building, atc. (Spec	— At horse, ferm,			IN. LOCATION (Street I	and Number or Run	ni Pate, Number,	
DIRECTOR: hours after Item 28 I	Ē	29e. CERTIFIER	MANUTO the best of the least	NOW	-61		102 0100	agore	100	
10 =	COMPL		CIAN: To the best of my knowl						e(e) end menner ee atated.	
TO THE FUNERA De filed within 7 IMPORTANT: 1	핆	296. SCHATTINE AND TITLE OF CENTIFIES	rlegh)		O . C . N		29d. DATE SIGN	IED (Month, Day, Year) JE 13, 1994	
	5	MARIE AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA			reet, Ba	ltimore,	Maryla	and 21201	
		31. DATE FILED (Month, Day, Year) JUN 15 1994	32. REGISTRAR'S SIGN							

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BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Mours after death. Page 6 may be retained by the bospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARY		IENT OF HEALTH AN		AL HYGIEN	E				
1	1. DECEDENT'S NAME (First, Middle, Last)		021111110	THE OF BEATTI	2. DA	TE OF DEATH	_		TIME OF DEATH		
	LOUISE	K. SA	AUNDERS			06- 14- 94			м		
	4. SOCIAL SECURITY NUMBER			UNDER 1 YEAR IF UNDER 24 H	19.0-	E OF BIRTH onth, Day, Year)		. BIRTHPL.	ACE (State or Foreign		
	220-12-8009	1 - M 2 - F	88 YRS.	NTHS DAYS HOURS M		8-02-05	- 1	MARY	LAND		
_	9s. FACILITY NAME (If not institution, give at	treet and number)	98	CITY, TOWN OR LOCATION (OF DEATH		9c. COUNT	Y OF DEAT	н		
DIRECTOR	1420 MAY COURT			BALTIMORE C	ITY		N	ONE			
E C	10e. STATE 10b. COUNTY	1	10c. CITY, T	OWN OR LOCATION				10	d. INSIDE CITY		
E	MARYLAND N	ONE		BALTIMORE C	ITY			1	LIMITS?		
A	10e. STREET AND NUMBER			101. ZIP CODE		-	10g. CITIZE	N OF WHA	T COUNTRY?		
FUNERAL	1420 MAY COURT			21	231		UNITI	ED ST	ATES		
5	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS OECEDENT EVER FORCES? 1 YE	IN U.S. ARMED	13. WAS DECENDENT OF H If yes, specify Cuban, M	SPANIC ORIG	GIN? (Specify Year	or No — 1	4. RACE	American Indian, hite, etc.		
BY	Widowed 4 □ Divorced	IF YES, GIVE WAR OR	DATES	1 TYES 2 TXNO		o mount are.	١,	Specify:	AN AMERICA		
	15. DECEDENT'S EDUC	CATION	16a. DECEDENT'S US	JAL OCCUPATION	11	6b. KIND OF BUS			AN AVIERICA		
	(Specify only highest grade Elementary/Secondary (0-12)	Cotlege (1-4 or 5 +)	(Give kind of work	done during most of working					- 3		
A	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	NONE	DOMEST	CIC		SENIOR	CITIZ	ENS E	BUILDING		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER	S NAME (Firs	t, Middle, Maiden	Surname)				
BE	JOHN SEBRA			SALI	E						
2	19a. INFORMANT'S NAME (Type/Print)			DRESS (Street and Number or F					21217		
-	OLETHA KENNER			C KEAN AVE.		IMORE,			21217		
	20a METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Remo	oval from State c	06. PLACEAND DATE OF D emetery, cremetory or other BALTIMORE (1 -		CATION — CI				
	4 Donation 6 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC		BALTIMORE (8/94				ARYLAND		
	1.1. 2.	0	. 0	CALVIN B.							
_	"Calum D.	Souge	DX+	1412 E. PR					21213		
	23. PART i. Enter the diseases, or o shock, or heart failure.	complications that caus List only one cause on	ed the death. Do not each line.	anter tha mode of dying,	auch aa c	ardiac or reaple	ratory arres	st,	Approximate interval Between		
	IMMEDIATE CAUSE (Final disease or condition Photo bile / Visa DIIO MA										
-	disease or condition resulting in death) a. Propable LimphoMA Due to (or as a consequence or):										
_	The following the state of the										
<u> </u>	Sequentially list conditions, if any, leading to immediate b. DUE TO (OR AS A CONSEQUENCE OF):										
CA	cause. Enter UNDERLYING CAUSE (Disease or Injury										
THE	that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF):								
CERTIFICATION	rousing in duality Exci	d									
AL 0	PART if. Other significant condition	s contributing to death	but not resulting in t	ha underlying cause give	n in Part I.				RE AUTOPSY FINDINGS		
200						PERFOR	-	CC	MPLETION OF CAUSE		
Ä									DEATH?		
ž											
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28. PLACE OF DEAT	H (Check only	one)					
YSI	1 TES 2 NO	1 - Inpatient 2 - ER/O	utpatient 3 DOA 4	Nursing Home 5 Realde	inca 6 🗆 Ot	her (Specify)					
	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJUR (Month, Day, Year	26b. TIME O	WORK?		EŞCRIBE HOW II	NJURY OCCU	RED			
BY	2 Accident Investigation	26e PLACE OF INJUL	RY — At home, farm, stree	M 1 YES 2 No	-	DOATION (Comme	and North to a	D. T. D.			
COMPLETED	3 Suicide 6 Could not be 4 Homicide determined	building, atc. (Sp	pecify)	n, ractory, ornes		DCATION (Street a ity or Town, State)	ind Number of	r Hurai Houl	e Number,		
9	29a. CERTIFIER			7. · ·				_			
MP				t the time, date and place, and n my opinion, death occured a							
	296. SIGNATURE AND TITUE OF CERTIFIER					ata and place, an					
B	CHURCH STARY			29c. LICENSI	6 1 9		29d. DATE :	SIGNED (M	onth, Day, Year)		
5	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUSE OF	DEATH (ITEM 27) (Type. Pri	7()			The	re 1	4,1794		
	C. VERGARA - SON	ARES 10	ON BRO	DIG ADWAY ST.	BA	MINOR	6,	no.	21231		
	JUN 15 1994	12. REGISTRAR'S SIG	GNATURE								

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burs after death. Page 6 may be retained by the hospital or attending pil	s been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bi	•
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law requires that the death certificate be executed within	静	
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BALTIMORE, MARYLAND 21215-0020

Arysiclan, burial-transit permit, Pages 1, 2, 3 should TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA		MENT OF H		MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last) WALTER TOLLER	lalter Edward	d Toller			2. DATE OF DEATH DO JUNE 12		3. TIME OF DEATH 1:45 A M
	218-22-1562	1 X M 2 D F -4-4		IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH OF 7-28 1	8. BIR	THPLACE (State or Foreign Intry) Carolina
IOH	98. FACILITY NAME (If not institution, give stre THE JOHNS HOPKI RESIDENCE OF DECEMENT			BALTIM	ORE CIT		9c. COUNTY OF	
DIMECTO	10a. STATE 10b. COUNTY MD N/A	1		town or Locat	ION			10d. INSIDE CITY LIMITS? 1X YES 2 NO
FUNERAL	100. STREET AND NUMBER 2439 E. Lafayette	e Avenue		101	21213		10g. CITIZEN OI	F WHAT COUNTRY?
BY FU	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 ☐ YES IF YES, GIVE WAR OR DA	2 NO	Il yes, spe		IC ORIGIN? (Specify Year, Puerto Rican, etc.)	B4	ACE — American Indian, ack, White, atc. pecify: Black
COMPLETED	15. DECEDENT'S EDUC/ (Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use	ork done during mo retired.)	IN st of working		SINESS/INDUSTRY	,
- 1	17. FATHER'S NAME (First, Middle, Last)	N/A	Labore	er		N/A	-	
TO BE	Monroe Toller 19a. INFORMANT'S NAME (Type/Print) CARRIE CONWAY	,	19b. MAJLING A 2439	ADDRESS (Street a		Langston AVE BAL	TIMORE	,MD 21213
	20a. METHOD OF DISPOSITION 1 Surial 2 Cremetton 3 Remov 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE	val from State come	PLACE AND DATE OF PLATE TO THE OFFI ALTIMOR	E CEM	ETERY DADDRESS OF FAC	B A	CATION — City of LTIMOR	
HILICATION	ahock, or heart failure. LIMMEDIATE CAUSE (Final disesse or condition reaulting in deeth) Sequentielly list conditione, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A Metas; DUE TO (OR AS A Pulmon	ral em	sophage		ramous c	cell care	interval Between Onset end Desth Thour Thour Thour Thour
HISICIAN: MEDICAL CE	PART II. Other significent conditions DID TOBACCO USE CO	- 57 11-	- All Pro-		g cause given in	PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIAN	25. WAS CASE REFERRED TO MEDICAL	HOSPITAL:		28. PL	ACE OF DEATH (Che	ack only one)		
BY PHY	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	OF 28c. INJ		28d. DESCRIBE HOW	NJURY OCCURED	
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, atc. (Speci	— At home, lerm, at	reet, lectory, offic	•	281. LOCATION (Street City or Town, State)	and Number or Run	si Route Number,
COMPLEIEU		IAN: To the best of my knowle : On the bests of axamination						e(e) end menner sa stated.
O BE C	296. SIGNATURE AND TITLE OF CENTIFIER	hell mo			29c. LICENSE NUN	1730	294. DATE SIGN	12/94 mayor Day Hall
		5. Marshall	mD		wer 11	o Johns	Hopkins	Hospital
	31. DATE FILED (Month. Day, Year)	32. REGISTRAR'S SIGNA		- >				′

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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DIVISION	
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	REGISTRAR		RYLAND / DEPA CERTII	FICATE OF			REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	Sarl Antho	ny Thomas			2. DATI	0F DEATH	YE	3. 3.	9:30
	4. SOCIAL SECURITY NUMBER 218-54-0426	5. SEX 6.	AGE (In yrs. last birthday)	IF UNDER 1 YEAR	# UNDER 24 HRS. HOURS MIN.		OF BIRTH h, Day, Year) 10-31-5	6. 8	ountry)	CE (State or Foreign
	9a. FACILITY NAME (If not institution, give a		35 YRS.	9b, CITY, TOWN	OR LOCATION OF S		10-31-5	9c. COUNTY		AND
OR	5012 Denview Way	, Apt. K			ltimore			n/a		
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c. CI	TY, TOWN OR LOCA	ATION				100	. INSIDE CITY
	nar / rana	n/a			ltimore				15	LIMITS? YES 2 NO
ERAL	100. STREET AND NUMBER 5012 Denview Way	Apt K		1	21206			10g. CITIZEN	OF WHAT	COUNTRY?
BY FUNE	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 S IF YES, GIVE WAR	YES 2 NO	If yes, s	CENDENT OF HISP/ pecify Cuben, Mexic S 2 NO Spec	an, Puerto	N7 (Specify Year Rican, etc.)	r No 14. 1		American Indian, hita, atc. black
PLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		(Give kind of life, Do NOT	S USUAL OCCUPAT work done during muse retired.)		16	n/a	NESS/INDUSTI	RY	
BE COMPL	17. FATHER'S NAME (First, Middle, Lest) WILLIAM R.	THOMAS			18. MOTHER'S N	AME (First,		MAS		
10	198. INFORMANT'S NAME (Type/Print) SHARON ELLI:	S	19b. MAILIN 5012	ADDRESS (Street	and Number or Rure. IEW WA	AY, B	ALTIMO	State, Zip Cook	21	.206ap1
	20a. METHOD OF DISPOSITION 1)CDeurisi 2 Cremation 3 Remark 4 Donation 5 Other (Specify)	oval from Stata	206. PLACE AND DATE			CE		OWIN		State MILLS
	21. SIONATURE OF FUNERAL SERVICE LIC	hope			C. MAR		H110	1 E.	. NOR	RTH AV
	23. PART I. Enter the diseases, or cahock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Termi	inal Aids		oom of dying, su	011 60 001	utec or respin	arrest,		Approximate interval Bette Onset and D
TION	Sequentially list conditions, if any, leading to immediate	b DUE TO (OF	R AS A CONSEQUENCE (OF):						
FICA	Cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OF	R AS A CONSEQUENCE (OFI:						
ERTIFICA		DUE TO (OF	R AS A CONSEQUENCE	OF):						
MEDICAL CERTIFICATION	CAUSE (Disesse or Injury that initiated events	d			ng ceuse given li	n Part I.	24e. WAS AN A PERFORM	ED?	COL	ILABLE PRIOR TO MPLETION OF CAL DEATH?
MEDICAL	CAUSE (Disease or Injury that Initiated events resulting in death) LAST	d		In the underlyli		_	PERFORM 1 TYES 2	ED?	COL	ILABLE PRIOR TO MPLETION OF CAU DEATH?
MEDICAL	CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant condition	d contributing to de		In the underlyle	ng couse given in	theck only o	PERFORM 1 YES 2	ED?	COL	RE AUTOPSY FIND ILABLE PRIOR TO IPLETION OF CAU DEATH? YES 2 NO
PHYSICIAN: MEDICAL	CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant condition 28. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL: 1 Inpetient 2 El 28e, DATE OF IN. (Month, Day,	R/Outpetient 3 DOA	28. I OTHER: 4 Nursing Ho M JURY M 1	PLACE OF DEATH (Come 5 Presidence Jury AT ORK? YES 2 NO	iheck only o	PERFORM 1 YES 2	NO NO	AVA COI OF	ILABLE PRIOR TO MPLETION OF CAU DEATH?
ED BY PHYSICIAN: MEDICAL	CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	HOSPITAL: 1 Inpetient 2 El 28e, DATE OF IN. (Month, Day,	P/Outpetient 3 DOA JURY 28b. Ti Noar) NJURY At home, farm.	28. I OTHER: 4 Nursing Ho M JURY M 1	PLACE OF DEATH (Come 5 Presidence Jury AT ORK? YES 2 NO	6 Oth	PERFORM 1 YES 2 [ne)	JURY OCCURE	AMA COI OF 1 [ILABLE PRIOR TO MPLETION OF CA DEATH? YES 2 NC
ETED BY PHYSICIAN: MEDICAL	CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be	HOSPITAL: 1 Inpatient 2 Ei 26e. DATE OF In. (Month, Day, 28e. PLACE OF II building, sto	R/Outpetient 3 DOA JURY 28b. Ti You'll 18 NJURY At home, farm. If knowledge, death occur	26. I OTHER: 4 Nursing Ho NURY M 1 , street, factory, offi	PLACE OF DEATH (Come 5 Presidence JURY AT ORK? YES 2 NO	28d. DE	PERFORM 1 VES 2 [ne) or (Specify) SCRIBE HOW IN. CATION (Street an or Town, State)	JURY OCCURE d Number or Ri	AMACOI OF 1 [ILABLE PRIOR TO MPLETION OF CAIDEATH? YES 2 NO
BE COMPLETED BY PHYSICIAN: MEDICAL	CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Inpetient 2 Ei 26e. DATE OF IN (Month, Day, 28e. PLACE OF II building, atc	R/Outpetlant 3 DOA JURY 286. Ti IN NJURY At home, farm (Specify)	26. I OTHER: 4 Nursing Ho ME OF 18c. W 1 street, factory, off	PLACE OF DEATH (Come 5 Presidence JURY AT ORK? YES 2 NO	6 Oth 28d. DE 26f. LO C/h is to the ca	PERFORM 1 VES 2 [ne) or (Specify) SCRIBE HOW IN. CATION (Street an or Town, State) use(a) and menn a and place, and	JURY OCCURE d Number or Ri	AVA COI OF 1 [ILABLE PRIOR TO MPLETION OF CAIDEATH? YES 2 NO Number,
E COMPLETED BY PHYSICIAN: MEDICAL	CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 20a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	HOSPITAL: 1 Inpetient 2 Ei 26e. DATE OF IN (Month, Day, 28e. PLACE OF II building, atc	R/Outpetient 3 DOA JURY 28b. Till NJURY — At home, farm. (Specify) r knowledge, death occur innation and/or investigat	26. I OTHER: 4 Nursing Ho ME OF 28c. If JURY M 1 , street, factory, offi	PLACE OF DEATH (Come 5 Residence JURY AT ORK? YES 2 NO ce se and place, and du death occured at th 29c. LICENSE NI D24	26f. LO 26f. LO 26f. LO 26f. LO 26f. LO 26f. LO	PERFORM 1 VES 2 [or (Specify) SCRIBE HOW IN. CATION (Street and or Town, State) use(a) and menna and place, and	JURY OCCURE d Number or Ri er as stated. due to the car	AVA COI OF 1 [ILABLE PRIOR TO MPLETION OF CAI DEATH? YES 2 NO Number,

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

BALTIMORE, MARYLAND 21215-0020	TO THE MOSPITAL OR ATTRONING PHYSICIAN: The law requires that the death certificate be executed with fours after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should thin the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	d, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760	ate be executed with	ysician and complete prior to burial, crem	r traumatic event
JS, P.O. I	e death certific	the attending ph Mental Hygiene	jury, or other
L RECORL	law requires that th	as been signed by the lept. of Health and	23 shows any in
N OF VITA	4G PHYSICIAN: The	ter this certificate hi	marked, or Item
DIVISIO	TO THE HOSPITAL OR ATTENDIN	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked,

	FOR 1 - STATE REGISTRAR	STATE OF MARYLANI) / DEPARTI			MENTAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last)	Thon	ton			2. DATE OF DEATH		3.	TIME OF DEATH
		SEX 6. AGE (In yrs		F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Morth, Day, Year) 9/30/04	0.	BIRTHPL/ Country)	ACE (State or Foreign
OR	9e. FACILITY NAME (If not institution, give street Northwest Hosp				n LOCATION OF D	EATH	9c. COUNTY	-	
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	ION			10-	d. INSIDE CITY			
L DIE	Maryland 10e STREET AND NUMBER		Ba	ltimor					LIMITS? YES 2 NO
FUNERAL	2801 Raynor Av	enue		101	21228			N OF WHA USA	T COUNTRY?
BY FUN		. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	NO	It yes, sp	ENDENT OF HISPA	NIC ORIGIN? (Specify Yearn, Puerto Ricen, etc.)			American Indian, hita, etc.
COMPLETED	15. DECEDENT'S EDUCATI (Specify only highest grade con Elementary/Secondary (0-12)	ION 16a npleted) College (1-4 or 5+)	DECEDENT'S US (Give kind of work life. Do NOT use n	k done during mo	N it of working	16b, KIND OF BU	SINESS/INDUS	TRY	Black
MPL	Unknown			N/A			N/A		
	17. FATHER'S NAME (First, Middle, Lest) Charles Josep	h Batty			Amand	AME (First, Middle, Maiden	Sumame)		
TO BE	19a. INFORMANT'S NAME (Type/Print)	n Baccy	19b. MAILING AD	DDRESS (Street a		Route Number, City or Tox	vn, State, Zip Co	ode) 21	217
۲	Alice Elbeck				1houn		Baltir		
	30s. METHOD OF DISPOSITION 1 X Burtal 2 Cremation 3 Removal 4 Densition 4 Other (Specify)	from State cemetery	ceand Date of I	place)		V 6/16 Ca	CATION CITY		
	31. SIGNATURE OF FUNERAL SERVICE LICENS	*E). 010	11	Lero	y O. D	yett & So ty Height	on Fur	nera	1 Home
CERTIFICATION	23. AM I. Enter the diseases, or compandix, or heart fallure. List immediate disease or condition resulting in death) Sequentially list conditione, if sny, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONDUE TO (OR AS	III ON ON ON ON ON ON ON ON ON ON ON ON ON				iratory erree		Approximate Interval Batween Onset and Death
A	PART II. Other eignificant conditions c			the underlying	cause givan in	Part i. 24a. WAS AN PERFO	RMED	AM	RE AUTOPSY FINDINGS MILABLE PRIOR TO MPLETION OF CAUSE
PHYSICIAN: MEDIC	protein energy	malnutritu	m					1	DEATH? YES 2 NO
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 11	OSPITAL:		THER:	ACE OF DEATH (CI				
BY PHYS	27. MANNER OF DEATH 1 W Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME C	OF 26c. INJ Y WO		6 Other (Specify) 26d. DESCRIBE HOW	INJURY OCCUP	RED	
	3 Suicide 6 Could not be 4 Homicide datermined	26s. PLACE OF INJURY — A building, atc. (Specify)	t home, term, stre	et, factory, office		261. LOCATION (Street City of Jown, State	and Number or)	Rural Route	Number,
COMPLETED		N: To the best of my knowledge On the besis of examination and							d manner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER BOSTON M	3			29c. LICENSE NU	MBER	29d, DATE S	IGNED (ME	onth, Day, Year)
10		orthwest Ho	ospital	cente				-	
	31. DATE FILED (Month, Day, Year) JUN 1 5 1994	32. REGISTRAR'S SIGNATUR	- Anglos						

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	OD ATTENDING DEVELORAY. The law requires that the death certificate he executed with
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CE	MITT	CALE	UF	DEAL	п		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Lest) SYLVIA		T.	AYLOR	}				2. DATE (of DEATH DA	1994	YEAR	3. TIME OF DEATH 5:15 A M
	4. SOCIAL SECURITY NUMBER	AGE (In yrs. last	t birthday)	IF UNDER t	VEAR	IF UNDER 2	A MBS	7. DATE C		1331		HPLACE (State or Foreign	
	235-34-5881	67			DAYS	HOURS	MIN.	Jan	. 14, 1	927	Wes	stVirginia	
E	98. FACILITY NAME (If not institution, give s THE JOHNS HOPK	INS HOSPIT	ΓAL		BAI	LTI	MORE	CIT	₹ H		9c. COU	NTY OF D	DEATH
DIRECTOR	RESIDENCE OF DECEDENT												
		10e. STATE 10b. COUNTY				LOCAT	ION						10d, INSIDE CITY LIMITS?
		Baltimore	9		E	ESS	ex						1 - YES 22 NO
FUNERAL	100. STREET AND NUMBER 121 Old MApl	e Court				101	ZIP CODE	212	221		10g. CIT		WHAT COUNTRY? SA
3	11. MARITAL STATUS	12. WAS DECEDENT E	VER IN U.S. ARI	MED	13, WA	S DEC	ENDENT OF	NISPAN	IIC ORIGIN	? (Specify Yea	or No—	14. RACI	E — American Indian.
	1 Never Merried 2 Married	FORCES? 1 T		Ю	If y	rea, spi	city Cuban	, Maxicar	n, Puerto R	lican, etc.)		Bleci Spec	k, White, atc.
B	3 🔀 Widowed 4 🗌 Divorced				1		20 110	ароспу				эрес	" White
	15. DECEDENT'S EDU (Specify only highest grade		16a. DE	CEDENT'S	USUAL OCC	UPATIO	N .		16b.	KIND OF BUS	INESS/INI	DUSTRY	
COMPLETE	Elementary/Secondery (0-12)	College (1-4 or 5+)	life.	Do NOT use	netired.)	ing mo	st or working	1					
릴	12th		Ma	chin	nist						Кор	per	s Co.
Ö	17. FATNER'S NAME (First, Middle, Last)						18. MOTNI	ER'S NAI	ME (First, M	liddle, Maiden	Surname)		
BE	Roland Sta	lnaker						Id	da H	Amric	k		
2	19e. INFORMANT'S NAME (Type/Print)		198	MAILINO	ADDRESS (S	Street a	nd Number o	or Rurel R	Route Numb	er, City or Town	, State, Zij	o Code)	
۲Į	Randall Taylo	or		121	OLd	MA	ple	Coi	urt	Balti	mor	e M	D. 21221
	20s. METNOD OF DISPOSITION 1 52 Burlei 2 Cremetion 3 Rem	CALL CO.	20b. PLACE A	NDDATEO	FDISPOSITI	ON (Na	me of		DATE	20c. LOC	CATION -	City or To	own, Stata
	4 Donetion 5 Other (Specify)		cemetery, cred	n Ce				17/		Ba	1111	more	e MD.
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSER	11				D ADDRES			31 U	mo	of '	Essex
	1. leru	1 Conn	elle	1									d. 21221
	23. PART i. Enter the diseases, or ehock, or heart fellure	emplications that c	eused the de	ath. Do no	ot enter th	ne mo	de of dyln	ng, such	h as card	lac or reeple	ratory ar	reet,	Approximate
	IMMEDIATE CAUSE (Final	List only one cause	on each line	4									interval Between Onset and Death
	disease or condition resulting in death)	. Lvr	phon	na									Vlease
	resoning in death,	DUE TO (O	R AS A CONSEC	DUENCE OF):								Acai >
z I	Sequentially list conditions,	b											
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (O	R AS A CONSEC	DUENCE OF):								
	CAUSE (Diseese or injury thet initieted events	cDUE TO (O	R AS A CONSEC	OUENCE OF):			_					
	resulting in death) LAST				,								
빙		d											
¥	PART ii. Other significent condition	e contributing to de	eth but not n	esulting in	n the unde	erlylng	g ceuse gl	lven in	Part i.	24a. WAS AN PERFOR		24b	. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
EDICAL									_	1 YES 2	No		COMPLETION OF CAUSE OF DEATN?
Z									_				1 - YES 2 - 0
BY PHYSICIAN:	DID TOBACCO USE (CONTRIBUTE 1	TO CAUS	E OF	DEATH	I Y	ES 🗌	NO	3				
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	26. PL	ACE OF DE	ATH (Che	eck only one	9)			
S	1 TES 2 NO	1 Minpatient 2 - E	R/Outpatient 3			g Nom	e 5 🗆 Ras	idenca	8 🗆 Other	(Specify)			
H H	27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF IN (Month, Day,		28b. TIME INJU		8c. INJ WO	URY AT PK?		28d. DEŞ	CRIBE HOW II	JURY OC	CURED	
E E	2 Accident investigation						rES 2 🗌	NO					
E	3 Suicide S Could not be 4 Homicide datermined	28s. PLACE OF II building, etc	NJURY — At ho L. (Specify)	me, farm, si	treet, fectory	y, office				ATION (Street a or Town, State)	nd Numbe	r or Rural	Route Number,
	4 Hornicide datermined												
7	29e. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of my	y knowledge, de	ath occurre	d at the time	e, data	and place,	and dua	10 the cau	se(a) and man	ner en sta	rted.	
COMPLET	one) 2 MEDICAL EXAMINE	R: On the beals of axen	nination and/or i	nvestigation	n, In my opli	nion, d	eath occure	d at the	time, date	end place, and	d dua to t	he cause(a) and manner as stated,
ш	296 SIGNATURE AND TITLE OF CERTIFIE						29c. LICE	NSE NUM	ABER		29d. DAT	E SIGNED	(Month, Day, Year)
	WEW. W. Th	m. E					04	146	29		•	6/	14/611
=	30. NAME AND ADDRESS OF PERSON WN	O COMPLETED CAUSE	OF DEATH (ITER	4 27) (Type,	Print)			- 4				1	- (()
		inn C	00 N	ىل . 1	0/50	25	it . 1	Ba	Itim	wre	my	\mathcal{C}	
	JUN 1 5 1994	32. REGISTRABLE	SHONATURE										
	3011 1 3 1994	June New	reason-ga	nowell									
												_	



N/A

U.S.A.

Specify:

3. TIME OF DEATH

8. BIRTHPLACE (State or Foreign

Pennsylvania

10d. INSIDE CITY LIMITS?

14. RACE — American Indian, Black, White, etc.

Black

Approximata

24b. WERE AUTOPSY FINDINGS

AVAILABLE PRIOR TO

1 YES 2 NO

DHMH-18 Rev 1/89

COMPLETION OF CAUSE

Intarval Between

Onsat and Daath

10 YEARS

YES 2 NO

n/a

020	physician.
215-0	attending
BALTIMORE, MARYLAND 21215-0020	be retained by the hospital or attending physicia
YLA	by the
MAR	retained
RE,	5 may be
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3ALT	er death.
	ours afte
	The state of

Pages 1, 2, 3 should

permit.

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detached for

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page 5 should

filled in by the funeral director,

	Ino.	E P	00	E
4	D	y fille	tion,	the
09	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in	be filed within 72 hours after death with the State Dept. of Heafth and Mental Hygiene prior to burial, cremation, or r	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the me
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30X	te be e	Sician	prior to	traun
0.	ertifica	ing phy	/giene	other
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DIVISION OF VITAL RECORDS, P.O. BOX 68760	the dea	the att	i Menta	njury,
OR	s that	ned by	ifth and	any
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 6 EDWARD WARDLAW SR. VERNON 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH MAMONIN, 272 19135 81 HOURS 1 X M 2 - F 215-10-4988 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 4820 Briarclift Rd. Baltimore RESIDENCE OF DECEDENT 10s. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION N/A Baltimore 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 4820 BRIARCLIFT ROAD 21229 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ▼ YES 2 □ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-1 Never Married Married It yes, specify Cuban, Maxican, Puarto Rican, atc.) 1 TYES 2 NO Specify: BY 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (So Elementary/Secondary (0-12) College (1-4 or 5+) 12th N/A Truck Driver N/A 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) George Wardlaw Henrietta Ruth BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 4820 Briarclift Road/Baltimore, Maryland 21229 Denise Wardlaw Pe 20a. METHOD OF DISPOSITION
1 Burial 2 Cremation 3 Removal from State 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE must CEMETERY OWINGS MILLS, MD GARRITSON Place) FOREST VA 4 Donation 5 Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY March F/H East 1101 E. North Ave. the medical 22 PART 1. Enter the dieaeaaa, or complicatione that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or haart fallura. List only one cause on each line IMMEDIATE CAUSE (Final disease or condition resulting in death) CARUMOMA PROSIDIE THE OF W1774 event, DUE TO (OR AS A CONSEQUENCE OF) BOHE METOSINSIS traumatic Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CERTIFICAT CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 injury, PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? any HYPERTENSIVE LEMI 111-65 1 YES 2 NO shows a PHYSICIAN: DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) Item EXAMINER? OTHER 1 YES 2 NO 1 | Inpetient 2 | ER/Outpetient 3 | DOA 8 Other (Specify) 27. MANNEBOF DEATH 28a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, offica building, atc. (Specify) S 3 Sulcida 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be COMPLETED after 28 is 4 Homicide item item 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF PERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 14900 6 -10 9 30. NAME AND ADDRESS OF PURSON WHO COMPLETED CAUTE OF DEATH (ITEM 27) (Type, Print) BELENESYL VMC IA pur BACTI MORE WD) 32. JEGISTRADIS SIGNATURE
Sulia Deviden Andale 31. DATE FILED (Month, Day, Year) JUN 1



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1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH BABY GIRL WILLIAM 23 05 6 94 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR | IF UNDER 24 HRS. 6. BIRTHPLACE (State or Foreign 1 M 2 X F DAYS HOURS YRS. 94 Maryland Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF GEATH 9c. COUNTY OF GEATH DIRECTOR Harbor Hospital Baltimore na RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY LIMITS? Maryland 1 TYES 2 NO permit. FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit Mental Hygiene prior to burial, cremation, or removal. burs after death. Page 6 may be retained by the hospital or attending physician. 11 MARITAL STATUS 12. WAS DECEOENT EVER IN U.S. ARMEO FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yas or No-14. RACE — American Indian, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 If yes, specify Cuban, Maxican, Puarto Rid 1 YES 2 NO Specify: 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY Specify: Black 3 Widowed 4 Divorced COMPLETED 15. OECEDENT'S EOUCATION (Specify only highest grade complete 16a. OECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INQUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) once. 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) F BE Lameko Williams notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Lameko Williams pe 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE must 21. SIGNATURE OF FUNEDAL SERVICE LICENSEE KOnald Wade, Dir 22. NAME AND ADDRESS OF FACILITY State Anatomy Board examiner 655W.BaltimoreSt,Balto,MD21201 the medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart fallure. List only one cause on each line interval Between IMMEDIATE CAUSE (Final Onset and Death PRF MATURIT disease or condition resulting in death) event. DIVISION OF VITAL RECORDS, P.O. BOX 68760, other traumatic CERTIFICATION Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 0 shows any injury, PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMEO? MEDICAL Health and I 1 YES 2 NO OF OFATH? 1 UYES 2 NO certificate has been th the State Dept. of PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF OEATH (Check only one) HOSPITAL: OTHER: 1 TES 2 NO 1 inpatient 2 - ER/Outpatient 3 - DOA OR ATTENDING PHYSICIAN: 4 Nursing Home 5 Residence 8 Other (Specify) 9 27. MANNER OF DEATH 28a. OATE OF INJURY marked, 28b. TIME OF 28c. INJURY AT WORK? 28d, OESCRIBE HOW INJURY OCCURED DIRECTOR: After this of hours after death with 1 Natural INJURY 5 Pending investigation м 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 60 3 Suicide 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be COMPLETED 28 4 Homicide item 29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(a) and manner as stated. TO THE HOSPITAL OF THE FUNERAL DE FIEG WITHIN 72 NO TAMPORTANT, If IN HOSPITAL 2 MECICAL EXAMINER: On the beels of examination and/or in: vestigation, in my opinion, death occured at the time, date and place, and dua to the cause(a) end menner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) BE Bilt no BASSAM BETTAR, M.D 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF CEATH (ITEM 27) (Type, Print) BITTAR WILMINGTON, DF, 19816 2510 CFDAR TRHY

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BALTIMORE, MARYLAND 21215-0020	rs after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	idical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nous after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funer be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remoral.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE O	DEATH	F	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF			3. TIME OF DEATH
	DEMONTE	L.	WILLIA	VIS.		HTHOM	O 1	YEAR Q 1	1:35 P
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	JUNE 7. DATE OF		77	HPLACE (State or Foreign
			48 YRS.	MONTHS DAYS		(Month, Di	my Yhari	Coun	
	7-11-45								
l m			DEAD				9c	COUNTY OF	DEATH
ē	1100BLK. HARLEN	4 AVENUE -	REAR	BALT	IMORE C	T.I.A			na
L C	10a. STATE 10b. COUNT	Y	10c. CI	TY, TOWN OR LOC	ATION				10d. INSIDE CITY
DIRECTOR	Maryland			ltimor					LIMITS?
	10s. STREET AND NUMBER		Da		Of, ZIP CODE		La		1 YES 2 NO
FUNERAL	3700 Greensp	nina Arran			UI. ZIP CODE		101	g. CITIZEN OF	WHAT COUNTRY?
N N									
5	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER FORCES? 1 YES			CENDENT OF HISPA				E — American Indian, ck, White, etc.
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR	DATES		S 2 NO Specif			Spe	Black
	15. DECEDENT'S EDU	CATION				1			DIACK
T	(Specify only highest grade	completed)	(Give kind of life. Do NOT	work done during r	TON nost of working	16b, KII	ND OF BUSINES	SS/INOUSTRY	
٦	Elementary/Secondary (0-12)	College (1-4 or 5+)	WW. 20 NOT !	ise rearea.)		ĺ			
COMPLETED					,				
	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Midd	lle, Maiden Sumi	ame)	
BE									
0	19a. INFORMANT'S NAME (Type/Print)		19b. MAILIN	G ADDRESS (Stree	and Number or Rural	Route Number,	City or Town, Sta	ate, Zip Code)	
-	ocme								
	20a. METHOD OF DISPOSITION 1 Burial 2 Cremetion 3 Rem	oval from State	Ob. PLACE AND DATE		Vame of	DATE	20c. LOCATIO	ON — City or 1	lown, State
	4 Donation 5 Differ (Specify)	state ren		omer place)					
Ш	21. SIGNATURE OF FUNERAL SERVICE LIC	Konayld W		22. NAME	AND AGORESS OF FA	CLITY	t 0 1 -		D 1
	> 10000111 //	(Till "	ade, DII	- 1	J Dalas				Board
	23. PART I. Enter the diseases, or o	complications that cause	ed the deeth. Do	not enter the	V.Baltir	nore S	st, Bal	to, MI	
	shock, or heart fellura.	List only one cause on	aech line.	not amer tha n	lode or dying, suc	n as cardiac	or reapirato	ry arrest,	Approximata Interval Between
	IMMÉDIATE CAUSE (Finel disease or condition								Onset and Death
	resulting in death)	ALCOHOL &	ng after		LCATION				
		OUE TO OR AS	A CONSEQUENCE O	NF):					
N	Sequentially list conditions,	b							
CERTIFICATION	if any, laeding to immediate	DUE TO (OR AS	A CONSEQUENCE O	OF):					
5	CAUSE (Disease or Injury	C							
E	that initiated events recuiting in death) LAST	OUE TO (OH AS	A CONSEQUENCE O	9F):					i
15		d							
	PART II. Other significent condition	na contributing to deeth	but not resulting	In the underlyi	ng ceuse given in	Pert I. 24	n. WAS AN AUTO	OPSY 24	b. WERE AUTOPSY FINDINGS
DICAL							PERFORMED	7	AVAILABLE PRIOR TO COMPLETION OF CAUSE
1 111 1						— 1 <i>7</i>	YES 2 🗆 I	40	OF DEATH?
Y	DID TOBACCO USE O	CONTRIBILITE TO	CALISE OF	DEATH	YES I NO		•		t 🗌 YES 2 🗍 NO
A N	25. WAS CASE REFERRED TO MEDICAL	- CONTRIBUTE TO	CAUSE OF						
PHYSICIAN	EXAMINER?	HOSPITAL:		OTHER:	PLACE OF DEATH (C/			DI DI	3 D 3 T T 7717
ΥS	1XXES 2 NO	1 Inpatient 2 ER/Ou			me 5 🗆 Residence				AR ALLEY
ᇤ	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year) FOUND 6-1	20b. TII	JURY V	IJURY AT ORK?	28d. DESCRI	BE HOW INJUR	Y OCCURED	
B	1 Natural 5 Pending 2 Accident Investigation	FOUND 6-1	94 UNK	• M 1 □	YES 2 NO	UNK	NOWN		
ED	3 Suicide 8 Could not be	28a. PLACE OF INJUF building, atc. (Sp	RY — At home, farm, pecify)	street, fectory, of	Ica	City or To	ON (Street and Nown, State)		
E	4 Homicide determined	FOUND ON	STREET			1100 B	LK. HA	RLEM A	VE.,BALTO.
ا يرا	29a. CERTIFIER (Check only 1 CERTIFYING PHYSI	ICIAN: To the best of my kno	wiedge, desth occur	red at the time, de	te and place, and du	to the cause(s	a) and menner	na stated.	MD
COMPLET	and the second s	R: On the basis of exeminati							(s) and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIED								
띪	The chi	11.1			O.C.M.		290	JUNE	02,1994
2	20 NAME IND ADDRESS OF DESCRIPTION	- Cr / Many	MO	0.0					
[[,	30. NAME AND ADDRESS OF PERSON WH	U COMPLETED CAUSE OF D	111 Pen	n Stre	et, Bal	timor	e. Ma	rvlan	d 21201
	1/12 VIOLCE M	15/190			Ju, Dui		J, 110		
	31. OATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	HATURE RONDAL	,					
	JUN 15 1994	A JULIA CURUS	MAN Wardall						

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